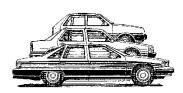


CONDOMINIUM ASSOCIATION

VEHICLE REGISTRATION FORM



Please complete all of the information in the spaces provided and return the completed form to The Select Group at the address, fax number or email address provided at the bottom of this form.

Unit Address:

Resident Name:

| Email Address: | | | | | |
|---------------------|------|-----------------------|-------|-----------------|-------|
| Phone: (Home) _ | | (Work) | | _(Cell) | |
| VEHICLE INFORMATION | | | | | |
| | Year | Make/Model of Vehicle | Color | License Plate # | State |
| | | | | | |
| | | | | | |
| - | | | | | |
| L | | | 1 | | |
| Signature | | | | Date | |

c/o The Select Group, Inc., 2224 Virginia Beach Blvd., Suite 201, Virginia Beach, VA 23454 (757) 486-6000 fax: (757) 486-6988 email: cweis@theselectgroup.us or visit us at www.theselectgroup.us

Return completed form to The Select Group at the address or fax number below or email to abell@theselectgroup.us