

HIGH TIDE

ASSOCIATES

Real Estate Services • Brokerage • Regime & Association Property Management

Our Commitment:

High Tide Associates provides best in class service for our communities that is rooted in the philosophy of honesty, integrity, and respect. We enable the Communities and their Board of Directors to achieve its goals through this approach. This earned trust leads to long-lasting relationships. In addition, our philosophy provides our employees with a challenging and rewarding environment in which to grow and succeed.

Dear Queens Grant II HPR Owners,

High Tide Associates (HTA) is your property management company. We look forward to serving the Queens Grant II community. With 25+ years of experience in regime property management.

We are very excited and confident that our service will meet your expectations as we have assembled a great team to manage the property.

Ronda Durham is your property manager. Ronda has years of experience and success managing properties by paying attention to the details that are so often overlooked.

Be certain to visit our Website at <https://hightideassociates.com> for all Governing Documents (i.e., Master Deed, Bylaws, Rules and Regulations, etc.) and carefully review all documents in full. If you have any questions, please call the office at 843-686-2241 or e-mail us at one of the e-mails in the cover letter.

Sometime soon you will be receiving a statement showing your balance due, plus any other fees. If you notice any errors on the statement, please contact our Accounting Department at your earliest convenience. If you choose to sign up for ACH, you will not receive a coupon book. Please note that all payments are to be payable to Queens Grant II. DO NOT pay High Tide Associates.

The Mailing address is:
Queens Grant II HPR
C/O Hightide Associates

P.O. Box 7665
Hilton Head Island, SC 29938

Ronda Durham
Property Manager
843-295-8763
E-mail – ronda@hightideassociates.com
Office Hours -- Monday – Friday 9 am – 4 pm
P.O. Box 7665 – Hilton Head Island, SC 29938
Fountain Center
55 New Orleans Road, Suite 211
Hilton Head Island, SC 29928

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AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS) ALL DIRECT DRAFT TRANSFERS WILL BE DRAWN ON OR AROUND THE 10TH OF THE MONTH OF WHICH IT IS DUE.

I (we) hereby authorize High Tide Associates (HTA), hereinafter called **COMPANY**, to initiate debit entries to my (our) checking or savings account indicated below at the depository financial institution named below, hereafter called **DEPOSITORY**, and to debit the same to such account. I (we) acknowledge that the origination of **ACH** transactions to my (our) account must comply with the provisions of U.S. law.

Your Banking Information:

Depository Name (Bank Name): _____ Branch: _____ (Location)

City: _____ State: _____ Checking Acct.: Savings Acct.:

Routing Number: _____ Account Number: _____

This authorization is to remain in full force and effect until **COMPANY** has received written notification from me (or either of us) of its termination in such time and in such manner as to afford **COMPANY** and **DEPOSITORY** a reasonable opportunity to act on it.

If you wish to stop direct draft you **must** notify High Tide Associates in **writing**, including the date you would like the services to be discontinued. Your Personal Information: (Please Print)

Account Number: (Example: QGII-123): _____

Name(s): _____

Phone Number: _____ day _____ evening

Signature: _____ Date: _____

Signature: _____ Date: _____

PLEASE ATTACH A VOIDED CHECK TO THE BOTTOM OF THIS AUTHORIZATION FORM

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Contact Information Sheet

If you have already done so, thank you. If you need to update, or if you have not sent your information to our office, please take a few moments and fill out the information requested below. This information is for regime business only should we need to reach you in the event of an emergency. You may return by mail, fax or email.

Villa #: _____

Name: _____

E-mail 1 _____ E-mail 2 _____

Mail address: _____

City: _____ State _____ Zip _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Fax: _____

Emergency contact name: _____

Emergency contact number: _____

Who will be living in your unit if not the owner? _____

Is your unit a rental? _____ Yes _____ No

Rental Company: _____

Phone number: _____ Email: _____

Other Comments: _____

*****For your privacy, protection & security, we do not provide any owner contact information to any other party unless the individual owner provides written consent.***

Reception & Administrative Assistant
843-686-2241
reception@hightideassociates.com