

HIGH TIDE

ASSOCIATES

Real Estate Services • Brokerage • Regime & Association Property Management

Sea Pines South Beach Owners Association

WELCOME PACKET

RE: Property Management Welcome Letter

Dear Sea Pines South Beach Owner,

We are proud to announce that High Tide Associates is the Property Management Company for Sea Pines South Beach Owners Association. 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 contact:

Drew Davis: Property Manager
843-686-2241, Ext. 111
Drew@hightideassociates.com

Naryi Escudero: Accounting
843-681-6156
Naryi@hightideassociates.com

Laloni Wikel: Assistant Manager
843-681-6154
Laloni@hightideassociates.com

Victoria Kellerman, Reception
843-686-2241
reception@hightideassociates.com

Included in your Welcome Packet please find the following information:

1. Letter from Tom Wolfe, the former President of the Sea Pines South Beach Owners Association Board of Directors.
2. Contact Information form.
3. ACH application, should you wish to go on auto-debit for your current balance due and future annual assessments.

Please contact us at your earliest convenience if there is anything we can help with. We are located in Fountain Center at 55 New Orleans Road, Suite 211.

Sincerely,
High Tide Associates
843-686-2241

**SEA PINES SOUTH BEACH
OWNERS ASSOCIATION**

Hilton Head Island, SC 29938

Dear New Homeowner,

Welcome to the most beautiful part of Hilton Head Island.

We are glad to have you as a member of the Sea Pines South Beach Homeowners Association (SPSBOA).

A small annual fee covers your membership.

Among the smorgasbord of different HOAs in Sea Pines, SPSBOA is focused on the area from Lands End up through Port and Lagoon Villas.

SPSBOA controls rights to a few open areas in South Beach and has played a role in past dredging of Braddock Cove.

If you have any questions about SPSBOA, please contact High Tide Associates, or email me at wolfetd@gmail.com.

Tom Wolfe

Former SPSBOA Board of Directors President

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Sea Pines South Beach Owners Association

DEAR HOMEOWNER,

IN ORDER FOR US TO BE MORE EFFECTIVE IN MANAGING YOUR PROPERTY, THE FOLLOWING INFORMATION IS REQUIRED;

OWNER NAME: _____

MAILING ADDRESS: _____

UNIT #: _____

PHONE #: (HOME) _____

(CELL) _____

(WORK) _____

E-MAIL: _____

E-MAIL: _____

EMERGENCY CONTACT: (NAME) _____

(PHONE) _____

1. DO YOU LIVE IN UNIT? Y N
2. DO YOU RENT OUT YOUR UNIT? Y N
3. IF YES, DO YOU MANAGE IT YOURSELF? Y N
4. IF NO, WHO IS YOUR AGENT? _____
MANAGEMENT CO.? _____
TELEPHONE #: _____
EMAIL: _____

PLEASE COMPLETE AND RETURN THIS FORM AS SOON AS YOU CAN.

THANK YOU

Drew Davis

Property Manager

Drew@hightideassociates.com

P. O. BOX 7665

HILTON HEAD ISLAND, SC 29938

PH: (843) 686-2241, Ext. 111

FAX: (843) 686-2204

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SEA PINES SOUTH BEACH OWNERS ASSOCIATION

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: _____ Branch: _____ (Bank Name)

(Location) City: _____ State: _____ Routing Number: _____

Account Number: _____ Checking Account _____ Savings Account _____

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: ABC1234): _____

Name(s): _____ Phone Number: _____ day
_____ evening

Signature: _____ Date: _____

Signature: _____ Date: _____

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