



Dear Residents,

WELCOME!

It is with great pleasure we welcome Indian Wells Golf Villas Homeowners Association, Inc. to our family. We are Anchor Associates, Inc., a boutique-style association management and accounting services firm, here in Naples. It is an honor to have been chosen by your Board of Directors to be your new association management company effective March 1, 2018. Anchor has been servicing Collier County for over 17 years. After the effective date please direct all communications to our team rather than contacting Cambridge Property Management.

We trust you will find unprecedented service from us. With this, please review the enclosures for additional information about us and the benefits of working together. First, we are eager to start meeting all of you either it be on-site during weekly inspections of your property, at upcoming meetings or here in our office if you so wish to stop by to meet and greet, grab a refreshment and see our operation in action. We would enjoy having you!

YOUR NEW MANAGER

Sara Kilduff is a licensed Community Association Manager with our team and she has the pleasure of working for all of you at the direction of your Board of Directors. We have enclosed a business card for your convenience so you may start communicating with us immediately. Sara is excited to be on board for Indian Wells and you will find she is a delight to work with.

Kindly pay close attention to the enclosures: ACH/AUTO-DEBIT SET UP and UPDATED CONTACT & EMAIL CONSENT FORM. We need this information to better serve you. Should you choose to pay online, please access the Anchor Associates, Inc. website www.anchormanagers.com Online Services tab to pay online. This will be effective and noted on your third quarter invoice you will receive the beginning of June.

If you were previously on ACH/auto-debit set up with Cambridge Management, you will need to set this up once more with our office and again with the form enclosed. For your protection, your banking information was not transferred to us in the transition.

You will begin to see and trust how we exceed in service compared to other association management providers.

Thank you again and our team looks forward to a successful working relationship together and to providing you superior service for years to come.

Professionally Yours,

A handwritten signature in blue ink that reads 'Brad A. Phelps'.

Brad A. Phelps, CAM
President

A handwritten signature in blue ink that reads 'Sara Kilduff'.

Sara Kilduff, CAM

Enclosures



Date Stamp

Main Office:
3940 Radio Road, Suite 112, Naples, FL 34104
(855) 649-6357 phone • (888) 210-6001 fax
www.anchormanagers.com

Agreement for Pre-Authorized or ACH Payments

Association Name: _____

I/we hereby authorize the "Association" and Anchor Associates, Inc., to initiate debit entries in the amount of my recurring Association assessment from my account indicated below. I also authorize the Financial Institution named below to debit same to such account.

Financial Institution Name: _____

City: _____ **State:** _____ **Zip:** _____

Transit/ABA No: _____ **Account No:** _____

This authority is to remain in full force and effect until the Association and the Financial Institution have received written notification from me of its termination in such time and manner as to afford the Association and the Financial Institution a reasonable opportunity to act upon the request. I further understand that payments will be deducted from my account between the first (1st) and tenth (10th) of each month in which the assessment is due, and should my payment be returned for any reason, I understand that I can be terminated from the program and I will be charged a \$25.00 administrative fee.

A VOIDED CHECK (NOT DEPOSIT SLIP) MUST BE ATTACHED.

Important Note: Automatic debit payments will begin on the next billing period after receipt of this form as long as they are received by the date which payment is due.

Name(s): _____ **Home Phone:** _____

Unit Address: _____ **Alt Phone:** _____

Mailing Address (if different): _____
Street Address City State Zip

Signature

Date

Date Stamp

Indian Wells Golf Villas Homeowners Association, Inc.

c/o Anchor Associates, Inc.

3940 Radio Road, Suite 112

Naples, Florida 34104

(239) 649-6357, phone (239) 649-7495, fax

Directory and E-mail Consent

In an effort to easily communicate with all residents of The Association, the Board of Directors would like to create and maintain a community directory. The community directory may be distributed to all the residents enabling residents to maintain contact with your fellow neighbors. Please complete the below consent form with the following information:

Property Address: _____

Alternate Address: _____
(If different than above)

Contact Numbers:	_____	_____
	<i>Phone Number</i>	<i>Phone Type</i>
	_____	_____
	<i>Phone Number</i>	<i>Phone Type</i>
	_____	_____
	<i>Phone Number</i>	<i>Phone Type</i>
	_____	_____
	<i>Phone Number</i>	<i>Phone Type</i>

Email Addresses: _____

I/We occupy this residence:

- Full-time
 Part-time/2nd Home
 Investment/Rent it out

By signing this consent, I/we authorized The Association to print the completed information in the Community Directory and send correspondence and/or official notices via e-mail:

- All
 Invoices Only
 Directory
 Official Notices
 None

Signature

Signature

Printed Name

Printed Name

Date

Date

Please return to Anchor Associates, Inc. at
3940 Radio Road, Suite 112, Naples, FL 34104 –or-
Fax(239)649-7495 –or- Email admin@anchormanagers.com

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Home Watch and Emergency Contact

Owner Name: _____

Unit Address: _____

HOME WATCH

Name of Home Watch: _____

Address: _____

Phone: _____

Email: _____

EMERGENCY CONTACT

Please provide the association with a contact person in case of an emergency.

Emergency Contact: _____

Address: _____

Phone: _____

Email: _____

Signature

Signature

Printed Name

Printed Name

Date

Date

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