

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,

Brad Á. Pheĺps, CAM President

Enclosures

3940 Radio Road, Suite 112 • Naples, Florida 34104 (239) 649-6357 *office* • (239) 649-7495 *fax* www.anchormanagers.com

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.

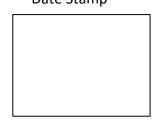
Important Note: Automatic debit payments will begin on the next billing period after receipt of this form as long as they are received by the date which payment is due.

Name(s):	Home Phone:			
Unit Address:		Alt Phone:		
Mailing Address (if a	lifferent):	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:			
	Phone Number		Phone Type
	Phone Number		Phone Type
	Phone Number		Phone Type
	Phone Number		Phone Type
Email Addresses:			
I/We occupy this resi	dence:		
🗌 Full-time	e 🗌 Part-time/2 nd He	ome 🗌 Inve	stment/Rent it out
			to print the completed information in the fficial notices via e-mail:
	□ 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 I	Name:		
Unit Ado	dress:		
HOME V	WATCH		
Name o	f Home Watch:		
Address	:		
Emerge Address	provide the association with a contact person in c ncy Contact:		
	Signature	Signature	
	Printed Name	Printed Name	
	Date	Date	

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