

1940 South Greeley Street
Suite 111
Stillwater, MN 55082
Matt@MJFandAssociates.net



West Edge Condominium Association

TO: All Homeowners

RE: Association Management Changeover

We are pleased to inform you **MJF and Associates Inc.** has been retained to manage your Association, effective March 1st, 2026. We are excited to work with your Association! The owner, operator Matthew Fee, will be your Property Manager.

We are here to help answer your questions or concerns and to help keep the Association looking its best. We will do our best to help the Board of Directors achieve the goals for the Association as a whole. We hope you find our expertise to be an asset to your Association.

Mailing Dues: If you prefer to mail your dues, please address them to **MJF and Associates Inc, 1940 South Greeley Street, Suite 111, Stillwater, MN 55082**. Make payable to: WEST EDGE CONDOMINIUM ASSOC.

Bank Auto Debit Dues: If you currently utilize automatic payment, you need to cancel your current auto payment for March and fill out the new form included in this letter. Please fill out the auto payment form we have included and send it back to this office by 2-23-2026. You can email the form to: matt@mjfandassociates.net as well.

Contact Information:

Manager: Matthew Fee email – matt@mjfandassociates.net If it is urgent: Cell- 612-819-0133.

We are committed to establishing open communication with Association residents. We are hoping to gather any new email addresses to be able to send out broadcast notices of information and to communicate to you any general information and notifications with all of you. We have the most current list of the owner information from the Board of Directors. If you have obtained a new cell phone number or email address recently, please contact me with this information. This information shall be used only internally.

Best regards,

Matthew Fee
MJF and Associates Inc.
1940 South Greeley Street
Suite 111
Stillwater, MN 55082
Property Manager West Edge Condominium Association

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Stillwater, MN 55082
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Customer ID (office use only)_____

ACH AUTHORIZATION FORM (required fields).

Organization Name: WEST EDGE CONDOMINIUM ASSOCIATION

Homeowners Information:

Last name: _____

First name: _____

Street address: _____

City: _____ **Zip Code:** _____

Date of first payment: ____/____/____ **Amount to be drafted monthly:** _____

Checking account info:

Routing number: _____ **Account number:** _____

I authorize the above organization to process debit entries from my account through VANCO PAYMENT SOLUTIONS. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized
Signature: _____ **Date:** _____
