

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.

December 15, 2021

Dear Legends Owners,

Effective January 1st 2022, High Tide Associates (HTA) will be your new property management company. We look forward to serving the Legends community with 20+ years of experience in regime property management.

In this mailing, please find our Owner Information form to fill out and return in the self-addressed envelope provided. Also enclosed, is our ACH Debit form in case you prefer to have your monthly regime payments debited from your account on the 10th of each month. Please fill it out and attach a voided check to the form and mail it back in the enclosed envelope.

An account statement will be sent to each owner to verify that the numbers are correct. If you find a discrepancy, please call Mark Megliore, Owner and Director of Accounting for clarification. Mark's number is 843-686-2217 and his e-mail address is mark@hightideassociates.com. You should also receive your monthly coupon payment books before the end of the year.

If you have any questions, please call the office at 843-686-2241 or e-mail the receptionist at reception@hightideassociates.com.

Scott Connal, CAM

Property Manager

843.686.2241 ext. 111

E-mail – scott@hightideassociates.com

Office Hours -- Monday – Friday 9 am – 4 pm

P.O. Box 7665 -- HHI, SC 29938

Fountain Center

55 New Orleans Road, Suite 211

Hilton Head Island, SC 29928

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Legends Horizontal Property Regime

DEAR HOMEOWNER,

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

OWNER NAME: _____
ADDRESS: _____
UNIT #: _____
PHONE #: (HOME) _____
(CELL) _____
(WORK) _____
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 #: _____

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

THANK YOU.

Scott Connal, CAM
Regime Manager for the Legends
PO BOX 7665
HILTON HEAD ISLAND, SC 29938
Scott@hightideassociates.com
Main Office: 843-686-2241 ext. 111
FAX: (843) 686-2204

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LEGENDS HORIZONTAL PROPERTY REGIME

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**