

HIGH TIDE

ASSOCIATES

Real Estate Services • Brokerage • Regime & Association Property Management

QUEENS GRANT II

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.

WELCOME PACKET

Dear Queens Grant II Owner,

We are proud to announce that effective **October 1, 2022**, High Tide Associates (HTA) will be managing **Queens Grant II HPR**.

If you have any questions, please contact Jack at the front desk, 843-686-2241, and he will guide you to the right manager for your needs.

Also included in your Welcome Packet please find the following information:

1. Letter from the Board President
2. Cover Letter and Management Letter from High Tide Associates
3. Management Team Contact List.
4. Owners' Contact Information Form.
5. ACH Debit application, should you wish to go on auto-debit for your current balance due and future regime assessments.

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

Sincerely,

High Tide Associates

843-686-2241

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September 23, 2022

Dear fellow Queens Grant II owner,

Effective October 1, 2022, Queens Grant II will change to High Tide Associates as its management company partner.

Included in this mailing is a bundle of important information that will serve as a reference in the future but some of which requires immediate action for regime payments, contact procedures and so forth.

We will co-employ Atlantic States Management during October 2022 on a limited basis to help ensure a smooth transition.

We look forward to our new management company relationship and look forward to moving forward.

Thank you.

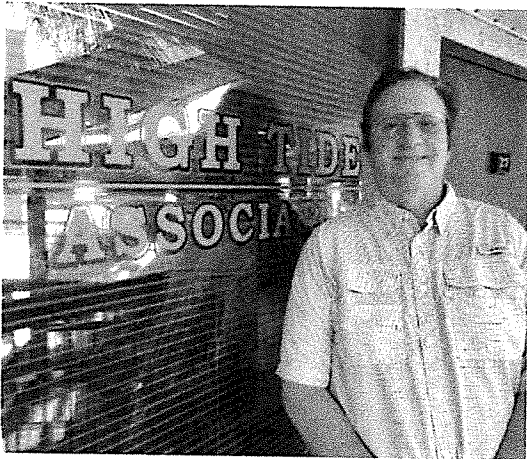
Doug Berger

President, Queens Grant II

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Property Management Welcome Letter



(Mark T. Megliore - owner and operator of HTA)

Mark T. Megliore is the driving force behind High Tide

Associates. Following in the footsteps of Douglas N. Skelly, founder of High Tide Associates; Mark has over two decades of professional management & accounting experience. Mark is a tireless manager and administrator with an old fashion work ethic and an eye for detail. He has a great team behind him to address and assure that your property's needs are met.

Mark continues to push High Tide Associates towards positive growth by representing owners of multiple properties. Handling all requirements and managing villa/condominiums, regimes, and community associations.

We have assembled a great team of managers, assistant managers and staff to adequately respond to all foreseen or unforeseen events. We look forward to working with the board and individual owners. Thank you for this wonderful opportunity.

Sincerely,

M. T. Megliore
Mark Megliore

HTA / Queens Grant II

Management Team assembled for Queens Grant II

*Doug Skelly: Property Manager
843-681-6146
dnskelly@aol.com

*Ronda Durham, Co-Manager
843-802-6722
ronda@hightideassociates.com

Mark Megliore: President, CFO and PMIC
843-686-2217
mark@hightideassociates.com

Cindy Horne, Accounting
843-681-6156
cindy@hightideassociates.com

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

Jack Hurst: Receptionist & Administrative Assistant
843-686-2241
reception@hightideassociates.com

*Principal Property Managers

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Contact Information Sheet

If you have already done so, thank you. If you need to update, or if you have not sent your information to our office, please take a few moments and fill out the information requested below. This information is for regime business only should we need to reach you in the event of an emergency. You may return by mail, fax or email.

Villa #: _____

Name: _____

E-mail 1 _____ E-mail 2 _____

Mail address: _____

City: _____ State _____ Zip _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Fax: _____

Emergency contact name: _____

Emergency contact number: _____

Who will be living in your unit if not the owner? _____

Is your unit a rental? _____ Yes _____ No

Rental Company: _____

Phone number: _____ Email: _____

Other Comments: _____

*****For your privacy, protection & security, we do not provide any owner contact information to any other party unless the individual owner provides written consent.***

Jack Hurst: Reception & Administrative Assistant
843-686-2241
reception@hightideassociates.com

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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**