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.

Dear Allenwood Owners,

We are pleased to announce that on August 1, 2025, High Tide Associates (HTA) is your new property management company. We look forward to serving the Allenwood community with 25+ years of experience in regime property management.

We are very excited and confident that our service will meet your expectations as we have assembled a great team to manage the property. David Wells is your property manager. David is eager to work with the Board of Directors and all owners to work through the challenges facing Allenwood.

After our takeover on August 1, 2025, Please visit our Website at https://hightideassociates.com for all Governing Documents (i.e., Master Deed, Bylaws, Rules and Regulations, etc.) and carefully review all documents in full. If you have any questions, please call the office at 843-686-2241 or e-mail us at one of the e-mails in the cover letter.

David Wells - Property Manager 843.686.2241 ext. 104 E-mail - <u>David@hightideassociates.com</u>

Laloni Wikel – Assistant Manager 843-681-6154 E-mail- Laloni@hightideassociates.com

Naryi Escudero – Financial Department 843-686-2241 ext. 103 E-mail- Naryi@hightideassociates.com

HIGH TIDE ASSOCIATES

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Allenwood

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	1:	(Bank Name)	
(Location) City:				
Account Number:	Checking Account	Savings A	Savings Account	
This authorization is to rema me (or either of us) of its ter DEPOSITORY a reasonable of	in in full force and effect un mination in such time and ir	til COMPANY has received	written notification from	
If you wish to stop direct dra like the services to be discon ABC1234):	tinued. Your Personal Infor	mation: (Please Print) Acco		
Name(s):		Phone Number: day		
Signature:	Date:			
Signature:	Date:			

PLEASE ATTACH A VOIDED CHECK TO THE BOTTOM OF THIS AUTHORIZATION FORM

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Contact Information Sheet

Please take a few moments and fill out the information requested below. This information is for regime business and should we need to reach you in the event of an emergency. Please return by mail, fax or email.

Renter Name: NA	Renter Phone Number: NA	
	Email:	
Rental Company & Contact Name		
Emergency contact number:		
Emergency contact name:		
E-mail:		
Cell Phone:	Fax:	
Home Phone:	Work Phone:	
	StateZip	
Owner Name:		
Allenwood Address:		

PLEASE RETURN TO:

David Wells

Property Manager / Allenwood

David@hightideassociates.com

843-802-6720