

HIGH GROVE OF LAKE COUNY HOMOWNERS ASSOCIATION, INC.

C/O EXTREME MANAGEMENT TEAM. INC.

2113 Ruby Red Blvd, Suite B

Clermont, FL 34714

tammy@hoaemt.com

352.366.0234

Dear Owners,

Welcome to High Grove Resort!

We have been notified that you recently purchased a home within the resort and look forward to working with you.

Your resort employs our staff part time to manage the association. You contacts are:

Tammy Hardt, CAM

Email: tammy@hoaemt.com

Office: 352.366.0234

Fax: 352.708.4923

Diane Klein

Accounting Manager

Email: diane@hoaemt.com

Office: 352.366.0234

Fax: 352.708.4923

Shortly you will receive a coupon payment booklet for your association providing coupons and envelopes to mail payment. Until received please mail all payments to the address listed above with your address within High Grove listed on the memo portion of your check.

By purchasing a home in High Grove you have become automatic, mandatory members of the association.

Your association fees are:

\$640.00 per quarter due January 1st, April 1st, July 1st and October 1st.

The fees for **High Grove Homeowners of Lake County Association, Inc.** fund the maintenance of the common amenities shared by yourself and your neighbors. The fees collected from 164 owners afford expenditures such as clubhouse maintenance and concierge staffing, CCTV monitoring, a community pool, playground maintenance, the entrance features, landscaping of the common areas and owner lawns.

Payments are accepted by check, e-payment at www.hoaemt.com, credit card at www.cabanc.com, direct debit, bill pay by you banking provider and by telephone in the US at

(866)289-5977 and if in the UK call 1-415-354-4977. All checks mailed but include your account number and your address within High Grove.

Enclosed please find a approved annual budget for you association.

Please also find enclosed an owner's contract from requesting information, an architectural review application should you plan to request approval for changes affecting the exterior aesthetics of your home, and a direct debit form for automatic payments. Automatic payments are recommended and should you seek to initiate this process please complete the form and return with a voided check to:

Extreme Management Team, Inc.
2113 Ruby Red Blvd, Suite B – Clermont, FL 34714

The local service providers are:

Brighthouse – 286.267.7515 Ext 7107
Duck Energy – 407.629.1010
Embarq – 866.380.9990
Southlake Utilities – 352.394.8898

High Grove Clubhouse Contact Information:
352.243.3815

A monthly event calendar is posted regularly at the clubhouse, Events are generally free and provided as a concierge service. The clubhouse amenities include a fitness center, lounge, game room, and cyber café. Owners and guest can access wireless internet and use of the computer in the clubhouse lounge at a minimal fee per usage.

There are several vendors that provide services for High Grove owners and guests. A few are:

Main Gate Transportation - \$10.00 round- trip taxi shuttle to and from the Disney Attractions

Florida Orlando Tickets – Discounted attraction tickets delivered onsite. You can visit their website at www.floridaorlandotickers.net

Kissimmee Guest Services – Discounted attraction tickets. You can visit their website at www.kgstickets.com

Orlando Balloon Rides – Contact information provided at clubhouse.

Services is unlimited at High Grove. The clubhouse offers information on all discounted vendors as well as maps and local attraction information.

Official Website & Board Contact:

High Grove of Lake County Homeowners Association, Inc.:
www.highgroveresort.com

Board Email:
highgroveresorthoa@gmail.com

Community Association Manager:
Tammy Hardt
tammy@hoaemt.com

Association documents are provided by law at the time of purchasing a home. The seller is responsible for providing the buyer with a set of the community covenants. However, they are also available on the HOA website.

Extreme Management Team, Inc.

Direct Debit Form

Preauthorized Electronic Assessment Payment Services Authorization Card (please print)

ASSOCIATION NAME

PROPERTY ADDRESS

NAME(S) LAST FIRST MI

NAME(S) LAST FIRST MI

ADDRESS

CITY STATE ZIP

DAYTIME PHONE NUMBER

I (we) hereby authorize **Extreme Management Team, Inc.**, hereinafter referred to as MANAGER, as agent for the association named above to initiate debit entries to my (our) checking/savings account at the depository named below, hereinafter referred to as DEPOSITORY, to debit the same to such account.

Bank Name ABA# Acct#

This authority is granted in accordance with the terms and conditions of the MANAGERS Preauthorized Electronic Assessment Payment Service Agreement & Disclosure Statement receipt of which I hereby acknowledge. This authority is to remain in full force and effect until MANAGER has received written notification from me (or either of us) of its termination in such manner as to afford MANAGER a reasonable opportunity to act on it.

SIGNATURE (REQUIRED) DATE

SIGNATURE (REQUIRED) DATE

ATTACH VOIDED CHECK WITH THIS AGREEMENT AND MAIL BOTH TO:

**Extreme Management Team, Inc.
2113 Ruby Red Blvd. Suite B
Clermont, Fl. 34714**

Authorization must be received by the 15th day of the current month for processing to start the following month.

PLEASE RETAIN A COPY FOR YOUR RECORDS

ASSESSMENT PAYMENT OPTIONS

Option #1: Check/Cashier's Check/Money Order

Send payment directly to the association bank with your payment coupon enclosed. Please always list your account # or unit # on the check. Payment should be mailed to:

PO Box 65672
Phoenix, Arizona 85082-5672

Please make all checks made payable to your Homeowners Association and must be issued on a US bank account.

Option #2: Direct Debit- ACH

Complete and return the enclosed form addressed to your association along with a voided check 30 days in advance of the next payment date. The debit will begin the next assessment period. All direct debit forms must be received and processed by the 15th of the month prior to the assessment due date. Please email the form and copy of voided check to Mary Klien at mary@hoaemt.com.

Option #3: Pay online via the HOA website or Management Company website

Once on the HOA website please click the payment link, if you have not already requested a login you will need to do so. Most major credit cards are accepted with a convenience fee of \$9.95. **No coupon is need for this option unless you opt to use Cabanc.** If you would like to use the management company website, please go to www.hoaemt.com and click the owner payments tab.

Option # 4: Pay Online directly with the bank

- 1 This option is for MasterCard, Visa, American Express and Discover and Echeck payments only
- 2 Echeck payments are processed at no additional charge and credits cards at an affordable convenience fee.

Please go to www.cabanc.com
Go to Homeowner Resources on the left,
Go to owner tools on the right,
Click on the payment option of choice.

You must have your coupon payment book for this transaction.

Option # 4: Bill Pay via Your Bank Provider

You must complete the correct forms required by your bank and include your account number and information on your coupon book required by your banking facility. **Please note that if you choose this process the bank will physically cut a check and send it by U.S. Mail**

Option #6: Pay by Phone (Rent Payment)

Payments are accepted by telephone via a third party provider **(Rent Payment)** by calling **(866) 289-5977 or 415-354-4977 (outside the US)** with a convenience fee charged by the provider of \$9.95 for Credit Cards: Rent Payment accepts the following (Visa, MasterCard and Discover), you can also pay by Echeck for a fee of \$9.95

Option #7: Payment by Phone (Extreme Management Team, LLC.)

Payments accepted by telephone by calling 352.366.0234. Press Option 4. A convenience fee of \$9.95 is charged in addition to the 9.95 charged by Rent Payment.

HIGH GROVE HOMEOWNERS ASSOCIATION, INC.

OWNER CONTACT INFORMATION

HIGH GROVE ADDRESS:

Property address within association:

Owner Name (s): _____

Owner Mailing Address: _____

Telephone: _____ Cell: _____

Email: _____ Fax: _____

EMERGENCY CONTACT: _____

EMERGENCY TELEPHONE: _____

Management Company: _____

Management Representative: _____

Telephone: _____ Cell: _____

Email: _____ Fax: _____

RETURN BY MAIL: 2113 Ruby Red Blvd, Suite B
Clermont, Fl 34714

FAX: 352.708-4923 EMAIL: tammy@hoaemt.com

DESIGN REVIEW COMMITTEE ("DRC") REQUEST FORM

Scan To: tammy@hoaemt.com

Name: _____

Property address (within community): _____

Mailing Address: _____

Phone Contact: _____

Email Contact: _____

Date Submitted to Association Manager: _____ Date Submitted to DRC: _____

I request your consent to make the following changes, alterations, renovations, additions, and/or removals to my unit (be as specific as possible-type, color, size, location, etc):

{Painting request must give the paint color name along with code - even if painting same color}

{Please attach two (2) complete sets of plans prepared by an architect or engineer detailing the desired work}

Name of Contractor, if other than self: _____

License number: _____ Contact: _____

I understand that under the Declaration and DRC Guidelines, the DRC will act on this request and provide me with a written response of their decision. I further understand and agree to the following provisions:

1. No work or commitment of work will be made by me until I have received written approval from the association.
2. All work will be done at my expense and all future maintenance will remain at my expense.
3. All work will be done expeditiously once commenced and will be done in a good workman-like manner by myself or a contractor.
4. All work will be performed at a time and in a manner to minimize interference and inconvenience to other unit owners.
5. I assume all liability and will be responsible for all damage and/or injury that may result from performance of this work.
6. I will be responsible for the conduct of all persons, agents, contractors, and employees who are associated with this work.

7. I will be responsible for complying with, and will comply with, all applicable federal, state, and local laws; codes; regulations; and requirements in connection with this work, and I will obtain any necessary governmental permits and approvals for the work.
8. I understand and agree that the this community, its board of directors, its agent and the committee have no responsibility with respect to such compliance and that the board of directors or its designated committee's approval of this request shall not be understood as the making of any representation or warranty that the plans, specifications, or work comply with any law, code, regulation, or governmental requirement.
9. I understand that I shall have ninety (90) days to complete such work, if approved, and if not completed a new request shall be made.
10. I understand that any deviation from the approval, shall require submission of a new application to the DRC.
11. Any and all irrigation modifications shall be done by the association's landscaper or signed off by the Landscape Supervisor, if applicable.

Below to be completed by Community Association Manager / DRC

Submittals:

DRC form _____

Drawing or blueprint to scale _____

Plat map, survey, or lot layout to scale _____

Approved: _____

Denied: _____

Meeting date: _____

Conditions: _____
