



Quail Ridge Homeowners Association, Inc

C/O Keys Property Management

(321)784-8011 | 5505 N Atlantic Ave, Suite 207

Cocoa Beach, FL 32931

Dear Homeowner:

My name is Rick Alexander, and it is my pleasure to introduce myself. I am a licensed Community Association Manager with Keys Property Management who has been assigned to be your community manager.

Keys Enterprise is a small firm, which provides personalized services and strives to build solid relationships offering exceptional service to exceptional developments. We work to deliver great customer service and quality property management. We do this by maintaining open lines of communication, responding quickly to requests, having a local presence in the community, and listening earnestly to the needs of our customers.

Be sure to make all payments payable to: Quail Ridge Homeowners Association. Currently Quail Ridge adheres to a monthly maintenance fee schedule. You may set up automatic payments on your account that will come out approximately on the 4th of the month when your assessment is due. There is a form included in your welcome package with further information about this service or you can contact our front desk at cocoabeach@keysenterprise.com. You may also set up the payments online on the Vantaca owner's portal.

You may also make one-time payments through the portal, but the service provider does charge a convenience fee for recurring and one-time fees. This fee is charged for all credit or debit card transactions, however there is no fee when using a bank account recurring transactions. There is a fee for one-time payments using any method. In addition, if you are set up on our automatic payment and there is a change to the monthly fee, no action is needed on your part and the payment will automatically adjust in the system.

Your monthly assessment amount is \$195.75.

If you elect to manually mail in your monthly assessment, **please put your account number on the memo line of the check.** Please mail your payment to:

Quail Ridge Homeowners Association, Inc.

C/O Keys Property Management

PO BOX 64625

Phoenix, AZ 85082

Please do not mail payments to the Keys Property Management office, as it will only delay payment processing.

For non-emergency inquiries you should contact our receptionist by email at cocoabeach@keysenterprise.com or by phone at (321)784-8011, or 24/7 maintenance emergencies; call our office and press the corresponding number to be connected to our answering service. The answering service in Jacksonville, Florida will triage the call. Depending on the type of service needed, they will contact the CAM in the appropriate manner.

You may register on your community website at <https://www.keysenterprise.net/quailridge>. The Quail Ridge Homeowners Association website is currently available. The registration is a two-part process. After you submit the registration, our administrative team will review the request and grant access, and that process can take several days. This website gives you access to meeting minutes, financials, governing documents, and other information about your community.

You may also register for Vantaca, our resident portal, at www.keysenterprise.com. This portal allows you to check your account payment history, make payments, create maintenance service requests, and submit address information changes along with other forms of communication to our company and the Board of Directors. You can also access the community website through the Vantaca owner's portal.

In addition to the web link, there is also an app that can be used on *IOS* and *Android* devices. The app is called *Home by Vantaca*. The app is free to download. Your log in credentials will work with the app and the online version.

If you need assistance, please do not hesitate to contact our administrative assistants at the Cocoa Beach office. Congratulations on the purchase of your new home.

Sincerely,

Richard Alexander, CAM
rick@keysenterprise.com

Quail Ridge Homeowners Association, Inc.

Unit Registration Form

Building/Unit: _____

Date: _____

Owner

Information: Unit Owner Name(s): _____

Mailing Address: _____

City, State, Zip: _____

Telephone #: _____ Cell #: _____

Email: _____

Seasonal Address: _____

City, State, Zip: _____

Vehicles: Year: _____ Make: _____ Model: _____ Tag# : _____ State: ___ Color: _____

Year: _____ Make: _____ Model: _____ Tag# : _____ State: ___ Color: _____

Emergency

Contact: Name: _____ Phone #: _____

Address: _____ Relationship: _____

Other Required

Information: Home Owners Insurance Company _____ Policy #: _____

Address of Insurance Company: _____ Phone #: _____

Agent of Insurance Company: _____ Phone #: _____

If you provide a key with a neighbor, please indicate name, unit number and phone number below:

Name: _____ Unit: _____ Phone #: _____

In the event of an evacuation or emergency, do you or any member of your household or individuals leasing your property require special attention? Yes No

If yes, what special attention is required? _____

Unit Use: Permanent Residence: Yes No Part Time Residence: Yes No

Rental: Yes No

Rental/Lease: Name of Lessee(s): _____ Phone #: _____

Name of Rental Agency _____ Phone # _____ Name of Rental Agent _____

PREFERRED METHOD OF COMMUNICATION FORM

Dear Quail Ridge Homeowners Association Member,

Please update the following information and return this form to the address or email address listed below.

This information is needed to update our records and is required by the State of Florida as authorization from residents to receive email notification of Association business.

Primary Owner's Name: _____

Non-Primary Owner's Name: _____

Unit & Street Address: _____

E-mail Address: _____

Additional E-mail Address: _____

Telephone: Home: _____ **Cell:** _____

Additional Telephone: Home: _____ **Cell:** _____

Additional Address: _____

PLEASE INITIAL TO GIVE YOUR APPROVAL –

_____ Authorization is given to the Association/Management to email community information.

_____ Request the Association/Management to mail community information.

(Please know that the only Notices mailed if you choose the second option, will be the i.e., Budget Meeting, Special Assessments, Annual Member Meeting. Board meeting (s) for normal Association business will be posted as required and a courtesy email will be sent to those that authorized it be sent. Ref. [718.112 Bylaws.](#))

Signature _____ Date _____

******* email or mail this form to us*******

Keys Property Management Enterprise

5505 N. Atlantic Ave, Suite 207, Cocoa Beach, FL 32931

Email cocoa beach@keysenterprise.com

KEYS PROPERTY MANAGEMENT
Preauthorized Electronic Assessment
Payment Services Authorization Card

Association Name _____

Unit Address _____

City, State, Zip _____

E-Mail Address _____

Phone Number _____

I (we) hereby authorize **Keys Property Management Enterprise, 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.

DEPOSITORY NAME

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 OR DIRECT DEPOSIT FORM FROM YOUR BANK WITH THIS AGREEMENT AND SEND BOTH TO:

Keys Property Management Enterprise, Inc.

5505 N Atlantic Ave #207

Cocoa Beach, FL 32931

Or email to: AR@keysenterprise.com

PLEASE RETAIN FOR YOUR RECORDS

Preauthorized Electronic Assessment Payment Service Agreement & Disclosure

Preauthorized charges to your account will be processed, when due, for the amount of your regular assessment payment. Payments so collected will be deposited to the checking/savings account of your ASSOCIATION, maintained with Community Association Banc.

There may be changes to the assessment amounts and/or due dates in accordance with the ASSOCIATION'S governing documents and applicable statutes including notification requirements of the ACH (Automated Clearing House) rules.

We reserve the right to make changes in the agreement at any time. We may cancel Preauthorized Electronic Assessment Payments at any time without cause and you can terminate this agreement at any time by giving sufficient written notice or by closing the designated accounts.

Preauthorized Electronic Assessment Payment Services

What:

Keys Property Management Enterprise, Inc. offers association owners an opportunity to pay their regular association assessments using automated electronic payments. Preauthorized electronic payments mean that homeowners can pay their assessments automatically without writing checks, thus eliminating the potential for late payments. In addition, the association is assured prompt, predictable payments to help better manage funds. This program is available to all owners regardless of where they bank.

How:

The preauthorized electronic assessment payment service uses the Federal Reserve System's Automated Clearing House (ACH) to facilitate electronic transfers from the owner's checking/savings accounts directly into the association's bank account. Funds are transferred between the 1st and 5th day of the month and appear on the owner's bank statement each month. Information regarding payments is reported to the association's management or bookkeeping company on the same day funds are deposited to the association's account.

Charges: The monthly recurring fee is run at no cost to you.

If you have questions or need further information, please call or email:

Amanda Beasley; Property Accountant at 321-784-8011 AR@keysenterprise.com

Quail Ridge HOA
c/o Keys Property Management
5505 N. Atlantic Ave., Suite 207, Cocoa Beach Fl. 32931
Email: ARC@keysenterprise.com

Application for Architectural Change Review

Property Owner: _____

Address: _____

Phone number _____ Email: _____

Please be thorough and complete all appropriate sections.

Describe your requested change:

Please attach available plans (sketch, drawings, quotations, etc.) relevant to your requested change. Be specific in selected materials and paint colors and landscaping drawings as required. List provided plans below:

If this application is approved, I accept full responsibility for any actions of the vendor or contractor or their employees for any damage or alteration which may happen to the Quail Ridge HOA common areas or other property of the Quail Ridge HOA as a result of this project and agree to replace or restore such damaged to its original condition. I further state that I will be responsible to obtain all appropriate permits, licenses or insurance as may be required by City, County or State agencies prior to the commencement of this project.

Owner Signature _____ Date _____ Project Start _____

Note: Plans are reviewed for the limited purposes of determining the aesthetic compatibility with the community in general and compliance with in the subject opinion of the approving authority and whether the plan is in compliance with the Quail Ridge Declaration of Covenants and Restrictions and current Architectural Control Policies. Plans are approved or disapproved on a limited basis, and approvals are only good for 6 months after listed Project Start date. No review is made with the respect to functionality, safety compliance with government regulations or otherwise, and no reliance on approval should be made by any party with respect to such matters. The approving authority disclaims liability of any kind with respect to submitted plans, the review thereof, or any structures built, including, but not limited to liability for negligence or breach of express or limited warranty.

Date _____ Disposition: _____ Arc. Committee Member: _____

Disposition Comments: _____