

# ***Sterling Pointe Townhomes, Section Three, Homeowner's Association, Inc.***

106 Regency Blvd  
Greenville, NC 27834  
Phone: 252.329.7368 Fax: 252.355.9641

## **HOA Information Sheet**

The Sterling Pointe 3 Board of Directors encourages you to read the Covenants and Bylaws thoroughly. If you have any questions about the legal documents, consult your attorney, the property management company or Board members. It is the responsibility of the Sterling Pointe 3 Board of Directors to establish a budget to cover the expenses of the Association and prioritize/approve how funds are spent on the behalf of the HOA and its members. The Board of Directors has provided the below a summary of what benefits Sterling Pointe 3 homeowners receive from paying HOA dues assessments.

**Contains:** 159 units, 18 Buildings

**Dues Assessment:** \$62.89 per month effective January 1, 2026

**Due Date:** 1<sup>st</sup> of the month

**Draft Date:** 15<sup>th</sup> of the month

**Late Fee:** 1.5% per annum applied on the 21<sup>st</sup> of the month

### **Dues Assessment Covers:**

- Association Management
- Directors & Officers Insurance
- Dumpster repair
- Exterior building general maintenance
- General Liability Insurance
- Landscaping – current contract is with Little's Nursery
- Parking lot maintenance/paving
- Pest control/Termite inspections
- Streetlights

**HOA Manager:** Amber Whittington  
amber@russellpm.com  
252-329-7368 ext 241

**Pest Control:** On Call Basis- Eastline Pest Control 252-633-1719

**Russell Property Management**

106 Regency Blvd

Greenville, NC 27834

Phone: 252.329.7368 Fax: 252.355.9641 [www.russellpm.com](http://www.russellpm.com)

***Sterling Pointe Phase III HOA***

**Homeowners Association Information Sheet**

Property Address: \_\_\_\_\_

Homeowner's Name: \_\_\_\_\_

Spouse or Co-Owner's Name: \_\_\_\_\_

Owner's Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ (Home)

\_\_\_\_\_ (Work)

\_\_\_\_\_ (Cell)

Email Address: \_\_\_\_\_

It is very important that we receive this information for your benefit. This is general information needed by your homeowners association and will be filed in your personal file in the HOA Manager's Office at Russell Property Management.

**PLEASE MAIL OR FAX TO US ASAP!**

**THANK YOU FOR YOUR TIME.**

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### **Homeowners Association TENANT Information Sheet**

Owner's Name and Mailing address: \_\_\_\_\_

\_\_\_\_\_

Property Address: \_\_\_\_\_

Check the box to indicate if the property ☐ used as an investment

or ☐ resided in by a family member

Property Manager: \_\_\_\_\_

Tenant's Name: \_\_\_\_\_

Tenant's Contact Information:

\_\_\_\_\_ (Home) \_\_\_\_\_ (Work)

\_\_\_\_\_ (Cell) \_\_\_\_\_ (Email)

Tenant's Name: \_\_\_\_\_

Tenant's Contact Information:

\_\_\_\_\_ (Home) \_\_\_\_\_ (Work)

\_\_\_\_\_ (Cell) \_\_\_\_\_ (Email)

Lease Term Dates: \_\_\_\_\_

If you have multiple tenants in one unit, please list information for all persons.

It is very important that we get this information for your benefit in case of an emergency. We ask that you update us each time a new tenant moves in. This is general information needed by your homeowners association and will be filed in your personal file in the homeowners association department of Russell Property Management. We suggest that any owner who rents their unit within Sterling Pointe attached the "Crime Free Lease Addendum" to the lease agreement with their tenant/s.

**PLEASE MAIL OR EMAIL OR FAX TO US ASAP!**

**THANK YOU FOR YOUR TIME.**

# Sterling Pointe HOA

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## Resident Parking Permit Registration

Date: \_\_\_\_\_

Resident: \_\_\_\_\_ Owner/Tenant (circle one)

Property Address: \_\_\_\_\_

Vehicle: Make \_\_\_\_\_ Model \_\_\_\_\_ Color: \_\_\_\_\_

License plate: \_\_\_\_\_

Registered to resident: YES \_\_\_\_\_ NO \_\_\_\_\_

If NO: Registered owner name \_\_\_\_\_

Telephone: \_\_\_\_\_ (Home)

\_\_\_\_\_ (Work)

\_\_\_\_\_ (Cell)

Email Address: \_\_\_\_\_

All vehicles on the property must comply with the rules issued by the association or be subject to towing.

Signature: \_\_\_\_\_

By signing this form you are acknowledging you understand the towing policy.

Office Use Only

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

***Russell Property Management, Inc.***

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**Bank Draft Authorization**

I, \_\_\_\_\_, hereby authorize Russell Property

Management to draft my HOA dues for the street address

\_\_\_\_\_  
Home Address City State Zip

\_\_\_\_\_  
(Mailing Address for unit (If different than address above) City State Zip

\_\_\_\_\_  
Draft Payable to (HOA name)

\_\_\_\_\_  
Day of Month for Draft Amount to be Drafted

Draft Frequency (circle one) \_\_\_\_\_ Monthly \_\_\_\_\_ Quarterly \_\_\_\_\_ Annual

Contact Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Please note:

- \* If HOA dues are increased, your draft will automatically be increased
- \*\* HOA dues will be drafted approximately 5 days before your associations late day.
- \*\*\* The HOA will draft the account balance.
- \*\*\*\* Bank Drafts will NOT draft for special assessments (if applicable).
- \*\*\*\*\* There is a \$1 fee per draft for this service.

Bank Name: \_\_\_\_\_

Account Holder Name: \_\_\_\_\_

Routing #: \_\_\_\_\_

Account #: \_\_\_\_\_

Account Type: \_\_\_\_\_ Checking \_\_\_\_\_ Savings

\_\_\_\_\_  
Signature Date

**ATTACH VOIDED COPY OF CHECK HERE**

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**Credit/Debit Card Draft Authorization**

I, \_\_\_\_\_, hereby authorize Russell Property

Management to draft my HOA dues for the street address

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Draft Payable to (HOA name)

\_\_\_\_\_  
Day of Month for Draft

\_\_\_\_\_  
Amount to be Drafted

Draft Frequency (circle one) \_\_\_\_\_ Monthly \_\_\_\_\_ Quarterly \_\_\_\_\_ Annual

Contact Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Please note:

- \* If HOA dues are increased, your draft will automatically be increased
- \*\* HOA dues will be drafted approximately 5 days before your associations late day.
- \*\*\* The HOA will draft the account balance.
- \*\*\*\* Drafts will NOT draft for special assessments (if applicable).
- \*\*\*\*\* There is a 3.0% fee per draft for this service.

Account Holder Name: \_\_\_\_\_

\_\_\_\_\_  
Card Billing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Account #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date