Sterling Pointe Townhomes Homeowner's Association, Inc.

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

HOA Information Sheet

The Sterling Pointe 1 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 1 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 1 homeowners receive from paying HOA dues assessments.

Contains: 135 units, 16 Buildings

Dues Assessment: \$60.52 starting January 1, 2025

Due Date: 1st of the month

Draft Date: 5th of the month

Late Fee: 1.5% per annum applied on the 21st 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 Littles Nursery
Parking lot maintenance/paving
Pest control/Termite inspections
Street Lights

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

Sterling Pointe Phase I 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.

Sterling Pointe 1 HOA

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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	or	is used as an investment 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)

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.

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Bank Draft Authorization

Ι,		, hereby authorize Russell Property				
Management to draft my	HOA dues for the stre	et address				
Home Address		City	State	Zip		
(Mailing Address for uni	t (If different than add	ress above)	City State	Zip		
	Draft Payable to	o (HOA name)			
Day of Month for Di	raft		Amount to be Drafted			
Draft Frequency (circle o	ne)Monthly_	Quarte	rlyAnn	ual		
Contact Phone Number _						
** HOA dues wil *** The HOA will *** Bank Drafts w	re increased, your draid be drafted approximate draft the account bala ill NOT draft for specifie per draft for this second	ately 5 days bo nce. ial assessment	efore your assoc	iations late day		
Bank Name:						
Account Holder Name:						
Routing #:						
Account #:						
Account Type:	Checking	S	avings			
S	ignature		Γ	Date		

ATTACH VOIDED COPY OF CHECK HERE

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Credit/Debit Card Draft Authorization

Ι,	, hereby authorize Russell Property				
Management to draft my HOA dues f	or the street ad	dress			
Home Address	Cit	у	State	Zip	
Draft	Payable to (HC	OA name)			
Day of Month for Draft Amount to be Drafted			rafted		
Draft Frequency (circle one)N	Ionthly	_Quarterly	Ann	nual Contact Phone	
Number					
Please note:					
* If HOA dues are increased. ** HOA dues will be drafted a *** The HOA will draft the acc **** Drafts will NOT draft for s **** There is a 3.0% fee per dra	approximately count balance. pecial assessm ft for this serv	5 days before ents (if appli- ice.	your associ		
Account Holder Name:					
Card Billing Address	City	у	State	Zip	
Account #:					
Expiration Date:	Security	Code:			
Signature			Date		