

***Beaufort Pointe Owners Association, Inc.***

106 Regency Blvd.  
Greenville, NC 27834

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

**HOA Information Sheet**

A. Dues: \$550/annually

Dues Cover: Common Area Maintenance & Landscaping  
Entrance Maintenance & Landscaping  
Private Street Maintenance  
Gate Maintenance  
Professional Management  
Boat Lot Maintenance and Repair  
Boat Slips  
Bridge Maintenance and Repair

New home builds and modification requests will generate a \$500 processing fee and require a \$1,000 deposit to cover any damage to the property, failure to clean up streets, etc.

HOA Manager: April Roberson

All concerns should be emailed to [april@russellpm.com](mailto:april@russellpm.com) or call 252.329.7368.

***Beaufort Pointe Owners Association, Inc.***

106 Regency Blvd.  
Greenville, NC 27834  
Phone: 252.329.7368 Fax: 252.355.9641  
[www.russellpm.com](http://www.russellpm.com)

**Homeowners Association Information Sheet**

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

Homeowners 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 from you for your benefit. This is general information needed by your homeowner's association and will be filed in your personal file in the **HOA Office** at Russell Property Management and your email will be used to invite you to the FrontSteps portal. You can email this form back to your manager rather than returning it via postal mail.

**PLEASE EMAIL, MAIL, OR FAX TO US ASAP!**  
**THANK YOU FOR YOUR TIME AND COOPERATION!**

**Russell Property Management, Inc.**

106 Regency Blvd

Greenville, NC 27834

Phone: 252.329.7368 Fax: 252.355.9641

**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**

