



**PROPERTY
MANAGEMENT
PROFESSIONALS**
OF SOUTHWEST FLORIDA, INC.

February 9, 2023

Dear Resident of Newcastle Condominium Association:

Your Board of Directors has chosen Property Management Professionals of S.W. FL, Inc., AAMC®, as your accredited association management company effective February 9, 2023.

I would like to take this opportunity to introduce my team to you. Kristin Mello, CAM, Property Manager, has over sixteen years of experience specializing in all aspects of community association property management. Her experience includes budget preparations, contract negotiation and supervision, Board meetings and resident relations. Dena Waltchack, CAM, Executive Assistant, is the liaison between the residents and the property manager. She has over fifteen years' experience in customer service. Her responsibilities include, but are not limited to, handling all calls along with requests for work orders, working directly with vendors, assisting with bids and proposals. Fabiola Henry, Accountant, has over twenty-three years' experience in community association accounting. Her experience includes all aspects of association accounting including accounts receivable, accounts payable, financials reports and general ledger. Martha Giro, Accountant, has over twenty -five years' experience in the accounting field. Her experience includes over ten years in Commercial Property Accounting, Community Association Accounting along with Real Estate Appraisal Management. She has extensive experience in Homeowner and Condominium accounting.

Property Management Professionals has been serving community associations for 32 years in the Naples area and management of communities such as yours is our only business. We are committed to provide your community association with professionalism and personalized customer service. We look forward to working together in a mutually beneficial relationship so our goals can be met together as one team.

Please remember to discontinue your automatic payments to Vesta. Going forward all correspondence and payments should be directed to:
Property Management Professionals of SW Fl., Inc.
75 Vineyards Blvd.
Naples, Florida 34119

Respectfully yours,

Maria Procacci

Maria Procacci, AMS®, CMCA®, PCAM®
President

75 Vineyards Blvd

Third Floor

Naples, Florida 34119

(239) 353-1992

800-226-1502

FAX (239) 353-1909



**PROPERTY
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OF SOUTHWEST FLORIDA, INC.

February 9, 2023

Re: New Property Management for Newcastle Condominium Association

Dear Resident,

You may email me at kristin@pmpofswfl.com or my assistant Dena Waltchack at dena@pmpofswfl.com. Dena or I can assist you with placing work order requests, billing issues, rental and buyer applications, architectural request and other Association business. Our contact information is located on the lower left side of this letter.

PLEASE DO NOT USE YOUR PRESENT COUPONS

First Horizon Bank is mailing out new coupon booklets and envelopes to all the members and you should be receiving these soon. **Please wait for the new coupon books before sending in your April 1st Payment.**

If you have not done so already, we also need you to fill out a new **AUTO DEBIT** application if you would like to have automatic payments taken directly from your financial institution. Please mail or email this application back to PMP of SW FL along with the Resident Information Form. It is imperative you fill out and mail the resident information form back to us ASAP.

We wish to thank the Board for the opportunity to serve your Association and look forward to assisting you in the future.

Sincerely,

Kristin Mello, LCAM
PMP of SW FL Management

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75 Vineyards Blvd

Third Floor

Naples, Florida 34119

(239) 353-1992

800-226-1502

FAX (239) 353-1909
■

RESIDENT INFORMATION FORM EMERGENCY CONTACT FORM

_____ Association, Inc. Today's Date _____
(Please fill in the name of your community)

Please complete all information requested as soon as possible and return to:

Property Management Professionals of Southwest Florida, Inc.
75 Vineyards Boulevard, Third Floor, Naples, FL 34119
Ph 239-353-1992 Email: dena@pmpofswfl.com

Owner's Last Name(s): _____ First Name: _____

Street Address: _____

Unit Telephone: _____ Other Telephone: _____

Cell phone: _____

E-mail Address: _____

ALTERNATE MAILING ADDRESS

Street Address: _____

City / State / Zip: _____ Work Telephone: _____

Check one of the following: I am a year round resident
 I am a seasonal resident *(Complete Seasonal Resident Information)*

BILLING ADDRESS

- Address
- Alternate address

Seasonal Resident Information

Date returning to your home: _____
Date leaving your home: _____

PERSONAL INFORMATION

Other Residents (Include children and children's ages)

Name: _____	Age: _____	Relationship: _____
Name: _____	Age: _____	Relationship: _____
Name: _____	Age: _____	Relationship: _____
Name: _____	Age: _____	Relationship: _____

EMERGENCY CONTACT

(Please list an individual, other than yourself, who would know your whereabouts should there be an emergency.) *

Name: _____ Telephone: _____
Address: _____
Relationship: _____

AUTO DEBIT FORM

In order to update our records, we need you to fill out this form with your mailing address and return it in the enclosed return envelope. In any event, you are ultimately responsible for making arrangements with the Post Office to have your correspondence forwarded, i.e. Newsletter, Coupons, and Special Assessments, etc. We cannot control if the mail is lost or not delivered for any reason. Remember, according to your Association documents, you are responsible for the payment of your assessment dues regardless of receiving a notice.

ASSOCIATION NAME: _____

OWNERS NAME: _____

PROPERTY ADDRESS: _____ UNIT # _____

MAILING ADDRESS: _____

PHONE NUMBERS: (H) _____ (CELL) _____

PLEASE CHECK ONE OF THE FOLLOWING:

- I want my account to be debited for my Association Assessment. **(Must be a USA Bank Account)**
- I want to choose coupons for my Association Assessment.

If you choose Direct Debiting, it is mandatory that you fill out the information below.

MAINTENANCE FEE AUTO DEBIT AUTHORIZATION

BANK NAME: _____

MAINTENANCE FEE ACCOUNT# _____ MONTH START DATE: _____

NAMES ON BANK ACCOUNT: _____

ACCOUNT NUMBER: _____ ROUTING NUMBER _____

(Please include a voided check)

I have included a blank voided check and hereby authorize my financial institution to debit my account in the name of my Homeowners Association. I understand this debit will appear on my bank statement under the description of the Association lock box. I also realize the Auto Debit will appear on my bank statement between the 5th & 10th working day of the first month of the quarter. In addition, I understand this Auto Debit will remain until I notify my Association in writing 30 days prior to canceling the Auto Debit. I also give the Association authority to increase the Auto Debit as Maintenance Fees are increased by the Board of Directors.

Please return completed form to: PMP of SW FL, 75 Vineyards Blvd. Third Floor, Naples, FL 34119

SIGNATURE: _____ DATE: _____