Laguna Village at Grand Harbor Homeowners Association, Inc.
c/o A.R. Choice Management, Inc.
100 Vista Royale ~ Vero Beach, FL 32962
Phone (772) 907-5081 ~ Fax (772) 567-2551
Kelly@ARChoice.com~Brigitte@ARChoice.com~PPaulsell@ARChoice.com

April 17, 2026

Dear Laguna Village Owners,

We would like to thank your Board of Directors for selecting **A.R. Choice Management, Inc.** to serve as your professional property management company, effective as of **April 1, 2026**.

I am the licensed Community Association Manager assigned to your community and will be responsible for the day-to-day operations, serving as the liaison between the Association, its vendors, and the Board of Directors. **Brigitte Humphrey** has been assigned as Administrative Assistant and will assist with the processing of work orders, as well as sales and lease applications. **Patty Paulsell**, Bookkeeper, will be responsible for invoicing quarterly assessments and preparing the monthly financial reports for the Board.

Assessment Payments
All checks should be made payable to:
Laguna Village at Grand Harbor Homeowners' Association, Inc. *(not A.R. Choice Management)*
Mailing Address for Payments:
Laguna Village at Grand Harbor HOA
c/o A.R. Choice Management, Inc.
P.O. Box 161715
Altamonte Springs, FL 32716-1715

Please do **not** mail payments to our office. If you utilize your bank's bill pay service, please update the mailing address as noted above and be sure to include your **full property address** and **account number** on all payments.
For account-related questions, please contact:
ppaulsell@archoice.com
772-567-0808 ext. 233 (Patty Paulsell, Bookkeeper)

Direct Pay Option
If you would like to have your assessments automatically withdrawn from your bank account, please complete the enclosed **Direct Pay Authorization Form** and return it to our office along with a voided check. Please see instructions on next page.

Owner Information Forms
Enclosed please find the following forms:

- Homeowner Questionnaire
- Electronic Consent Form
- Voter's Certificate

We kindly request that you complete and return these forms as soon as possible, preferably by email to **brigitte@archoice.com**, to ensure we have the most accurate contact information on file. Forms may also be faxed to **772-567-2551** or mailed to:
A.R. Choice Management, Inc., 100 Vista Royale Blvd., Vero Beach, FL 32962

We look forward to working with you and your Board of Directors. We look forward to assisting you.

Sincerely,

Kellyanne Walsh

Kellyanne Walsh
Community Association Manager
A.R. Choice Management, Inc.

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Assessment Payment Options

Dear ***Laguna Village Owner***,

A.R. Choice Management, Inc. is committed to providing the highest level of service to Homeowner and Condominium associations. Together with South State Bank, we are pleased to offer you three ways to pay your assessment.

Payment Options available:

1) **Association's Owner Portal**
   - **Recurring or One-Time Payments**
   - **Online Payment Services by e-Check (no charge)**
   - **Online Payment Services debit or credit card incurs 3.25% fee by Vantaca Pay to the owner**
2) **Direct Pay managed by AR Choice (complete Direct Pay form and return it with your voided check) no charge**
3) **Your Online Bill Pay from Your Bank**
4) **Mail check yourself to the Association's Bank's Lockbox Service**

Please read below for more detailed information on each of the options listed above.

ACH (Direct Pay)
- Your assessment will automatically be debited from your checking account when a regular assessment is due by the 5th of the month. We **do not** process any special assessments through auto debit.

Online Owner Portal Payment Service by eCheck or credit card
- You may set up a one-time payment or recurring payments on the owner portal. E-checks are no charge. Debit or Credit cards will be charged a fee as noted above.
- In order to use one of these options, begin by going to https://portal.archoice.com/login and select "Make a Payment" If you need assistance, contact the bookkeeper Patty Paulsell

Lockbox Service
- Make the check payable to **your homeowner's association** and include your homeowner account number on the check.
- Mail your check and coupon to the P.O. Box listed on the coupon or statement or have your bank send a payment through your on-line bill pay to the lockbox.

If you have any questions please contact our office and speak with Patty Paulsell in Accounting at 772-567-0808 ext. 2233.

Sincerely,

Kellyanne Walsh

Kellyanne Walsh
Community Association Manager
A.R. Choice Management, Inc.

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Direct Payment Authorization Form

DIRECT PAYMENT AUTHORIZATION One Account

I (we) hereby authorize **A.R. Choice Management, Inc.**, hereinafter called "Company," to initiate debit entries and, if necessary, debit correction and adjustment entries to my(our) account at the financial institution listed below.

Bank Name _____

Routing Number _____ Account Number _____

Payment Amount$ **Current Quarterly Assessment** Deduction Start Date: **Next Quarter**

This authority is to remain in full force and effect until "Company" has received written notification from the recipient of its termination in such a time and manner as to afford "Company" a reasonable time to act upon it.

_____

Signature _____ Printed Name _____

Date _____

Email Address: _____

Community Association Name: ***Laguna Village at Grand Harbor Homeowners Association, Inc.***

Home/Unit Address: _____

Please attach a voided check or financial institution account verification letter to this form.

Buyers RETURN THIS FORM TO: Brigitte@archoice.com
WITH A VOIDED CHECK

(To avoid delay in processing, **DO NOT** send along with payments.)

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Consent to Receive Laguna Village Notices via Electronic Transmission

In order for the Association to send via email, notices that would otherwise require regular postal mailing, the Association must receive and keep in the records this written consent form. Therefore, the Board requests that you sign and date this document and send it via regular mail, certified mail, other commercial delivery service, fax message, email attachment, or hand delivery to: Laguna Village at Grand Harbor Homeowners Association, Inc. c/o A.R. Choice Management, Inc.,100 Vista Royale Blvd., Vero Beach, FL 32962.

I/we, _____,

Unit # Address:_____

ASSOCIATION NOTICES

BILLING STATEMENTS

FLORIDA STATUTE ALLOWS FOR ELECTRONIC TRANSMISSION. IF YOU CHOOSE ELECTRONIC TRANSMISSION, ALL ASSOCIATION NOTICES & BILLING STATEMENTS WILL BE SENT BY ELECTRONIC TRANSMISSION. IF YOU CHOOSE U.S. POSTAL MAIL, ALL ASSOCIATION NOTICES & BILLING STATEMENTS WILL BE SENT BY U.S. POSTAL MAIL. MAIL OR EMAIL BUT NOT BOTH.

Please choose Mail or Email:

____ I request all Association Notices be MAILED to the following address.

_____

_____

____ **OR** I request all Association Notices be E-MAILED. Enter your email address below if you choose this option.

Email address: _____@_____

Email address: _____@_____

I/we agree to notify the Association if at any time there is a change in my/our email address, but such notification of a new address shall not constitute a revocation in the electronic consent. I/we understand that I/we may revoke this consent at any time by delivering in the same manner as this consent my/our written and signed instruction to revoke consent. I/we also understand that should the board of association experience two consecutive unsuccessful attempts to send any notice, that such experience constitutes an automatic revocation of my/our consent.

_____ Date: _____
Signature

_____ Date: _____
Signature

PLEASE RETURN THIS FORM TO: ***brigitte@archoice.com***

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HOMEOWNER QUESTIONNAIRE

Owner Name(s): _____

Account/Unit #: _____

Address #: _____

DATE: _____/_____/2026

Local Phone Numbers:
Res: (____) _____ *Cell:* (____) _____ *Work:* (____)_____
*Email:*_____

~ **Alternate Mailing Address** *(if different than property address)* ~

Address: _____

City: _____ *State:* _____ *Zip:* _____

Res: (____) _____ *Cell:* (____) _____ *Work:* (____)_____

~ *(Contact Person In Case Of Emergency With Your Unit)* ~

Name (s): _____
Address: _____
City: _____ *State:* _____ *Zip:* _____

Res: (____) _____ *Cell:* (____) _____ *Work:* (____)_____

(These are general questions in case we publish a Directory.)
Do you wish to be listed in the Resident Directory if published ? Yes: _____ No: _____
Should your email address be included in the Directory if published ? Yes: _____ No: _____

By signing below, you authorize the Association to include this information in the directory.

Signature: _____ Date: _____/_____/2026.

Print: _____

PLEASE RETURN THIS FORM TO: ***brigitte@archoice.com***
Please be sure to inform our office anytime your mailing address changes.

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MANDATORY VOTER'S CERTIFICATE

CERTIFICATE OF APPOINTMENT OF VOTING REPRESENTATIVE

(Per Bylaws Section 3.5, Voting – Section (c) Voting Member)

This form is required ONLY for Lots owned by a corporation, partnership, trust, or other legal entity. If your Lot is owned by an individual (or individuals), this form is not required.

THIS IS TO CERTIFY that the undersigned, constituting **all of the record owners** of the following Unit #_____Building #_____in Laguna Village at Grand Harbor Homeowners Association, Inc. have designated the following **owner** as the Authorized & Designated Voter:

*Name:*_____ ***(Print name of voting representative. Only one (1) owner on the recorded Warranty Deed can be the Authorized Voter).***

as their representative to cast all votes and to express all approvals that such owners may be entitled to cast or express at all meetings of the membership of the Association and for all other purposes provided by the Declaration, Articles and Bylaws of the Association.

The following examples illustrate the proper use of this Certificate:

- Unit owned by Bill and Mary Rose, husband and wife. Voting Certificate ***required*** designating either Bill or Mary as the voting representative. NOT A THIRD PERSON.
- Unit owned by John Doe and his brother, Jim Doe. Voting Certificate ***required*** designating either John or Jim as the Voting Representative. NOT A THIRD PERSON.
- Unit owned by Overseas, Inc., a corporation. Voting Certificate ***required*** designating person entitled to vote, signed by the President or Vice President of Corporation and attested by Secretary or Assistant Secretary of the owner Corporation.
- Unit owned by John Jones. No Voting Certificate required.

This Certificate is made pursuant to the Declaration and the Bylaws and shall revoke all prior Certificates and be valid until revoked by a subsequent Certificate.

Dated this_____day of_____, 2026.

ALL MEMBERS MUST SIGN:

_____ _____
Printed Name and Title Signature of Owner

_____ _____
Printed Name and Title Signature of Owner

Please return completed Voter's Certificate to brigitte@archoice.com.