



904.355.1831
245 Riverside Avenue, Suite 300
Jacksonville, FL 32202

VestaPropertyServices.com

1.24.2023

Dear Unit Chelsea Bayview Condominium Association, Inc. Homeowners,

The **special assessment** that was approved in December 2022 is **due by February 1, 2023** (monthly or six-month payment option).

The coupons are being processed and will be delivered to you as soon as possible.

In the meantime, please send your payment to our office:

Chelsea Bayview Condominium Association, Inc.

c/o Vesta Property Services

2500 Hollywood Blvd. Suite 314

Hollywood, FL 33020

Please make checks payable to "Chelsea Bayview Condominium Association, Inc." and write your unit memo. The monthly amounts for the special assessment are attached here.

Please follow **YOUR UNIT's amount** and pay as indicated.

Regular Maintenance dues and special assessment are to be paid by two separate checks as the accounts are with two different banks.

If you would like to sign up for ACH, please fill out the attached form and email it back to me at ccrand@vestapropertyservices.com.

Please note that we will **NOT** be charging late fees for the February payments.

Best Regards,

Christine Rand
Accounting Manager

P: 754-217-3991
C: 954-579-6128
F: 754-484-3483

Vesta Property Services – Fort Lauderdale
2500 Hollywood Blvd., Suite 310, Hollywood, FL 33020
Phone (754) 217-3991 Fax (754) 484-3483

Chelsea Bayview Condominium Association, Inc.
Approved 2023 Special Assessment - 40 year inspection & repairs
157 Units

				Option B
Unit Number	Number of Units	Ownership % per unit	Ownership % per unit type	Total Fee per unit if paid in 144 month
				INCLUDING INTEREST
101,102	2	0.750241%	1.50048%	280.46
103,104,135,136,203,204,235,236,303,304,335,336,403,404,435,436	16	0.613532%	9.81651%	229.36
105,106,205,206,305,306,405,406	8	0.785876%	6.28701%	293.79
107,108,111,112,113,114,115,116,117,118,120,121,122,123,124,125,126,131,132	19	0.538975%	10.24053%	201.48
109,110,127,128,129,130	6	0.727245%	4.36347%	271.87
133,134,233,234,333,334,443,434	8	0.592447%	4.73958%	221.48
137,138	2	0.724437%	1.44887%	270.82
200,300,400	3	0.421410%	1.26423%	157.54
201,202,301,302,401,402	6	0.805809%	4.83485%	301.24
207,208,211,212,213,214,215,216,217,218,220,222,223,224,225,226,231,232,307,308,311,312,313,314,315,316,317,318,320,322,323,324,325,326,331,332,407,408,411,412,413,414,415,416,417,418,420,422,423,424,425,426,431,432	54	0.594899%	32.12455%	222.39
209,210,309,310,409,410	6	0.779874%	4.67924%	291.55
219	1	0.329743%	0.32974%	123.27
319,419	2	0.385658%	0.77132%	144.18
221,321,421	3	0.637457%	1.91237%	238.30
227,228,229,230,327,328,329,330,427,428,429,430	12	0.783161%	9.39793%	292.78
237,238,337,338,437,438	6	0.779997%	4.67998%	291.59
240,340,440	3	0.537140%	1.61142%	200.81
	157		100.00%	



2500 Hollywood Blvd Suite 314
Hollywood, FL 33020

Association Fee Auto Debit Authorization

Association Name _____

Name on Deed _____

Property Address _____

Mailing Address _____

Name of Bank _____

(US BANK ONLY)

Name on Bank Account _____

E-mail _____

Home Phone _____

Daytime Phone _____

I have included a **blank voided check** and herby authorize my financial institution to debit my account in the name of my Condominium or Homeowners Association. I understand the debit will appear on my bank statement under the description of "**Association Lock Box,**" between the **5th** and the **10th** day of each month, if a monthly assessment, or between the **5th** or **10th** day of the first month of a quarter if a quarterly assessment. In addition, **I understand this auto debit will continue until I notify my association in writing 30 days prior to canceling or changing the bank account used for the auto debit.** I also give the association authority to change the auto debit, as maintenance fees are changed by the Board of Directors, in future years.

Return this form by the 21st of the month PRIOR to start date.

Start Month & Year	_____
Assessment Frequency	_____ Monthly _____ Quarterly
Assessment Amount	_____
You will be sent a letter confirming the month EFT will start.	

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS

Signature: _____

Date: _____

PLEASE ATTACH A BLANK VOIDED CHECK TO THIS FORM