

LEXINGTON PARK COMPASS

<u>Volume 2 Issue 2 February 2025</u> <u>Latest News & Announcements</u>





PECAN PARK URL: https://pecanparkhoa.net/

Associa[®] Community Management Concepts of Jacksonville, Inc.





TOWNSQUARE REGISTRATION INSTRUCTIONS

Welcome! **TownSq**, (aka Townsquare) is the perfect way to stay connected to your community! *TownSq puts you in charge!* See your account online, make architectural or maintenance requests, download Governing documents or forms you need when needed.

To get started you will need your new Associa account number together with your property zip code. Initial registration has to be done from their website and it's best to use Google Chrome to log into TownSq.

- <u>Associa CMC Owner Information form is on page 4.</u>
- * Associa CMC Request for Automatic Payment/Assessments form is on page 5.
- **Mark your Calendars...the First HOA meeting is FEBRUARY 24th, 2025 at the Amenity Center at 6:30 pm.**

Associa[®] Community Management Concepts of Jacksonville, Inc.

From your computer, please visit our website at <u>https://app.townsq.io/login</u> (LINK) and follow the steps below to register your account:

- 1. I DIDN'T HAVE MY ACCOUNT NUMBER AND I USED THE STEPS BELOW (PAGE 2) TO GET MY ACCOUNT # TO LOG IN. I PAID MY HOA 2025 DUES TODAY.
- 2. I HAVE LISTED ASSOCIA TOWNSQ STEPS ON THE NEXT PAGE (3).



3. <u>YOU MUST HAVE YOUR ASSOCIA ACCOUNT NUMBER OR YOU CANNOT LOGIN</u>.</u> IF YOU HAVE THIS ACCOUNT NUMBER, THEN SKIP TO PAGE (3) BUT IF YOU DON'T, <u>CALL THE SUPPORT PHONE NUMBER, 1-844-281-1728</u> AND YOU WILL GET AN ASSOCIATE...EXPLAIN TO THEM YOU LIVE IN THE "<u>LEXINGTON PARK</u>" COMMUNITY AND ASSOCIA CMC IS OUR NEW HOA MANAGEMENT COMPANY FOR OUR "<u>PECANPARK HOA</u>"...AND YOU <u>NEED YOUR ACCOUNT #.</u> THEY WILL ASK FOR YOUR ADDRESS, YOUR PHONE # AND NAME. WRITE DOWN YOUR ACCOUNT # AND DO NOT SHARE IT.

4. ACCESS THE TOWNSQ LINK/APP PROVIDED AND ENTER YOUR ZIP CODE AND ACCOUNT #.

5. VERIFY YOUR INFORMATION.

6. CREATE A NEW PASSWORD AND SAVE IT...you may use Large and small letters, numbers and a special character. At least 8 characters are required.

7. IT SHOULD SAY "<u>YOUR PROFILE IS READY</u>". BINGO YOU'RE LOGGED IN. THIS IS THE "TOWNSQ" PORTAL TO ACCESS "ASSOCIA CMC" FOR YOUR HOA CONCERNS...ISN'T THIS AWESOME, NOW YOU ARE CONNECTED!

BELOW IS THE OFFICIAL ASSOCIA TOWNSQ REGISTRATION INSTRUCTIONS

- YOU WILL NEED YOUR "ACCOUNT #" AND PROPERTY ZIP CODE". Initial registration has to be done from their website and it's best to use Google Chrome to log into TownSq.
- From your computer, please visit our website at <u>https://app.townsq.io/login</u> (LINK) and follow the steps below to register your account:
- Login into the TownSq app / website
- <u>Click "Need to Register" on the lower right-hand corner of the page.</u>
- <u>Enter your account number</u>
- Enter the property's zip code
- Enter your last name
- <u>Click "Continue"</u>
- <u>Click "Sign Up"</u>
- You will be prompted to choose an email address and password.
- <u>To get this on your phone</u> you can bring it up via Google or Safari... or if you have apps in the app store, just search for <u>"TownSq</u>", it will come up, install and go from there.
- <u>Once you've registered</u>, your information that includes name, address, unit number (if applicable), phone numbers, and your email address will be listed or scan the QR Code above.
- <u>To remove the email address and phone numbers from being viewed by community members</u> you must take the following steps (you will still be able to see this as well as management, however, it will not be visible to others):

1-Upper righthand corner of screen on the page with their information is Edit Profile - click on it.

2-After clicking on Edit Profile another box opens at bottom of screen page. Scroll down to PRIVACY.

3-This where you can go back and edit phone numbers or email addresses, how you want to see your announcements and eliminate what you don't want. Press SAVE after changes.

• <u>SUPPORT???</u> If you are still having a problem logging on to TownSq, please contact <u>Support at 844-281-1728</u>. Thanks for getting started on TownSq!

ASSOCIA Community Management Concepts of Jacksonville Inc. 7400 BAYMEADOWS, SUITE 317 JACKSONVILLE FLORIDA 32256, PHONE (904-367-8532) FAX (904) 367-8554 WEB...HTTPS:WWW.CMCJAXFLA.COM LINK



Associa[®] Community Management Concepts of Jacksonville, Inc.

PROPERTY ADDRESS:	-	
MAILING ADDRESS		
PLEASE LIST CAR DECALS NUMBERS		
(OWNER, TENANT, AND VISITOR)		
PARKING SPACE #'S		
PRIMARY PHONE #:	()	
SECONDAY PHONE #:	()	Check One: DHome DCell DWork
THIRD PHONE #:	()	Check One: DHome Cell Work
EMAIL ADDRESS(ES)*:		
EMER. CONTACT NAME:		Relationship:
EMER. CONTACT PHONE #:		
EMER. EMAIL ADDRESS*:		·

Occupied Year-Round? (YES / NO)

51 A.

OWNER NAME(S):

IF NO, LIST PRIMARY ADDRESS

TENANT INFORMATION

Term of Lease: Beginning Month/Year: _____ End Month/Year: _____

TENANT NAME(S):		
PRIMARY PHONE #:	()	Check One: DHome Cell Work
SECONDARY PHONE #:	()	Check One: DHome Cell Work
THIRD PHONE #: EMAIL ADDRESS(ES)*:	()	Check One: DHome DCell Work
	and a set	

Please take time to complete and return this form to Community Management Concepts of Jacksonville, Inc. Should there be any changes, please advise our office by calling (904) 367-8532. We look forward to serving you as your managing agent.

7400 Baymeadows Way, Suite 317 Jacksonville, Florida 32256 Telephone 904.367.8532 Fire 904.367.8554 Web www.cmcjaxfla.com

Associar The nation's leader in community association management www.associaonline.com 800.808.4882

Associa^{*} Community Management Concepts of Jacksonville, Inc.



REQUEST FOR AUTOMATIC PAYMENT OF ASSESSMENTS

Thank you for your interest in Electronic Funds Transfer also known as Direct Debit. Please fill out the following information to complete this request. All information below is required. If not provided, there will be delays in processing your direct debit request.

This form must be received no later than the <u>20th of the prior month</u>. The automatic payment process will begin with your next assessment period once we have received your completed form and either your voided check or letter from bank that includes your full account number and routing number. **Payments will be processed around the 5th of each month**.

HOMEOWNER AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER

I authorize the branch and the financial institution listed below to debit my bank account automatically for each association assessment billing period.

Homeowner Name: Homeowner Account Number: Association Name: Address and Unit Number: City: State: Zip: Start Date (MM/YYYY) Cancellation Date(MM/YYYY) (No banking information is needed for cancelation) Homeowner Bank Account Number: Automation is needed for cancelation Satistic Satistis Satistis Satistic Satistis Satistic Satis Satistis Sa	menwher Name	
Homeowner Account Number: Association Name: Address and Unit Number: City: State: Zip: Start Date (MM/YYYY) Cancellation Date(MM/YYYY) (No banking information is needed for cancelation) Homeowner Bank Name: Homeowner Bank Name: Homeowner Bank Routing Number: Homeowner Bank Account Number: Checkling Account - Include a voided check from the account you would like to debit. SAVINGS ACCOUNT - Include a letter from bank that includes your full account number and routing number. Statements will not be accepted. Only checks from US banks will be accepted. Deposit slips cannot be used in place of a voided check Signature:	Anovano Hame.	
Association Name: Address and Unit Number: City: State: Zip: Start Date (MM/YYYY) Cancellation Date(MM/YYYY) Cancellation Date(MM/YYYY) (No banking information is needed for cancelation) Homeowner Bank Name: Homeowner Bank Routing Number: Homeowner Bank Account Number: CHECKING ACCOUNT – Include a voided check from the account you would like to debit. SAVINGS ACCOUNT – Include a letter from bank that includes your full account number and routing number. Statements will not be accepted. Only checks from US banks will be accepted. Deposit slips cannot be used in place of a voided check Signature: Date: Forms received after 20 th will not be set up to run next assessment period. Direct Debit will be set up to rot the following assessment period. Return the form and voided check/letter via email to: CSSCDirectDebit@associa.us	meowner Account Number:	
Address and Unit Number: City: State: Zip: Start Date (MM/YYYY) Cancellation Date (MM/YYYY) (No banking information is needed for cancelation) Homeowner Bank Name: Homeowner Bank Routing Number: Image: CHECKING ACCOUNT – Include a voided check from the account you would like to debit. Homeowner Bank Account Number: Image: CHECKING ACCOUNT – Include a voided check from the account you would like to debit. Savings ACCOUNT – Include a letter from bank that includes your full account number and routing number. Statements will not be accepted. Only checks from US banks will be accepted. Deposit slips cannot be used in place of a voided check for the following assessment period. Direct Debit will be set up to the forthe following assessment period. Return the form and voided check/letter via email to: CSSCDirectDebit@associa.us	sociation Name:	
City: State: Zip: State: Zip: State State Date (MM/YYYY) (No banking information is needed for cancelation) Cancellation Date(MM/YYYY) (No banking information is needed for cancelation) Homeowner Bank Name: Homeowner Bank Routing Number: Homeowner Bank Account Number: CHECKING ACCOUNT – Include a voided check from the account you would like to debit. Savings ACCOUNT – Include a letter from bank that includes your full account number and routing number. Statements will not be accepted. Conly checks from US banks will be accepted. Deposit slips cannot be used in place of a voided check Signature: Date: Forms received after 20 th will not be set up to run next assessment period. Direct Debit will be set up to run for the following assessment period. Return the form and voided check/letter via email to: CSSCDirectDebit@associa.us	Idress and Unit Number:	
Start Date (MM/YYYY) (No banking information is needed for cancelation) Homeowner Bank Name: Homeowner Bank Routing Number: Homeowner Bank Account Number: Homeowner Bank Account Number: Homeowner Bank Account Number: Image: CHECKING ACCOUNT – Include a voided check from the account you would like to debit. SAVINGS ACCOUNT – Include a letter from bank that includes your full account number and routing number. Statements will not be accepted. Only checks from US banks will be accepted. Deposit slips cannot be used in place of a voided check for the following assessment period. Direct Debit will be set up to for the following assessment period. Return the form and voided check/letter via email to: CSSCDirectDebit@associa.us	ty:	State: Zip:
Cancellation Date(MM/YYYY) (No banking information is needed for cancelation) Homeowner Bank Name: Homeowner Bank Routing Number: Homeowner Bank Account Number: CHECKING ACCOUNT – Include a voided check from the account you would like to debit. SAVINGS ACCOUNT – Include a letter from bank that includes your full account number and routing number. Statements will not be accepted. Only checks from US banks will be accepted. Deposit slips cannot be used in place of a voided check Signature: Forms received after 20 th will not be set up to run next assessment period. Direct Debit will be set up to route for the following assessment period. Return the form and voided check/letter via email to: CSSCDirectDebit@associa.us	art Date (MM/YYYY)	
Homeowner Bank Name: Homeowner Bank Routing Number: Homeowner Bank Account Number: CHECKING ACCOUNT – Include a voided check from the account you would like to debit. SAVINGS ACCOUNT – Include a letter from bank that includes your full account number and routing number. Statements will not be accepted. Only checks from US banks will be accepted. Deposit slips cannot be used in place of a voided check Signature:	ancellation Date(MM/YYYY)	(No banking information is needed for cancelation)
Homeowner Bank Routing Number: Homeowner Bank Account Number: CHECKING ACCOUNT – Include a voided check from the account you would like to debit. SAVINGS ACCOUNT – Include a letter from bank that includes your full account number and routing number. Statements will not be accepted. Only checks from US banks will be accepted. Deposit slips cannot be used in place of a voided check Signature:	meowner Bank Name:	
Homeowner Bank Account Number: CHECKING ACCOUNT – Include a voided check from the account you would like to debit. SAVINGS ACCOUNT – Include a letter from bank that includes your full account number and routing number. Statements will not be accepted. Only checks from US banks will be accepted. Deposit slips cannot be used in place of a voided check Signature:	meowner Bank Routing Number:	
CHECKING ACCOUNT – Include a voided check from the account you would like to debit. SAVINGS ACCOUNT – Include a letter from bank that includes your full account number and routing number. Statements will not be accepted. Only checks from US banks will be accepted. Deposit slips cannot be used in place of a voided check Signature: Date: Forms received after 20 th will not be set up to run next assessment period. Direct Debit will be set up to rour for the following assessment period. Return the form and voided check/letter via email to: CSSCDirectDebit@associa.us	meowner Bank Account Number:	
SAVINGS ACCOUNT – Include a letter from bank that includes your full account number and routing number. Statements will not be accepted. Only checks from US banks will be accepted. Deposit slips cannot be used in place of a voided check Signature: Date: Forms received after 20 th will not be set up to run next assessment period. Direct Debit will be set up to r for the following assessment period. Return the form and voided check/letter via email to: CSSCDirectDebit@associa.us	CHECKING ACCOUNT -	Include a voided check from the account you would like to debit.
and routing number. Statements will not be accepted. Only checks from US banks will be accepted. Deposit slips cannot be used in place of a voided check Signature: Date: Forms received after 20 th will not be set up to run next assessment period. Direct Debit will be set up to rour the following assessment period. Return the form and voided check/letter via email to: CSSCDirectDebit@associa.us	SAVINGS ACCOUNT - In	clude a letter from bank that includes your full account number
Only checks from US banks will be accepted. Deposit slips cannot be used in place of a voided check Signature: Date: Forms received after 20 th will not be set up to run next assessment period. Direct Debit will be set up to r for the following assessment period. Return the form and voided check/letter via email to: CSSCDirectDebit@associa.us		and routing number. Statements will not be accepted.
Signature: Date: Forms received after 20 th will not be set up to run next assessment period. Direct Debit will be set up to r for the following assessment period. Return the form and voided check/letter via email to: CSSCDirectDebit@associa.us	Only checks from US banks will be a	ccepted. Deposit slips cannot be used in place of a voided check.
Forms received after 20 th will not be set up to run next assessment period. Direct Debit will be set up to root for the following assessment period. Return the form and voided check/letter via email to: CSSCDirectDebit@associa.us	gnature:	Date:
Return the form and voided check/letter via email to: CSSCDirectDebit@associa.us	⁵ orms received after 20 th will not be set for th	up to run next assessment period. Direct Debit will be set up to run he following assessment period.
	Return the form a	and voided check/letter via email to: DirectDebit@associa.us
Form #CSSC-AR-0100 V2.1, 06.15	0330	

Associa' The nation's leader in community association management www.associaonline.com 800.808.4882