

# Aristida

## Homeowners' Association, Inc. NOTICE OF BUDGET & ANNUAL MEMBERSHIP MEETING

NOTICE IS HEREBY GIVEN, that the Budget and Annual Meeting of the members of the Aristida Homeowners' Association, Inc., will be held at the following date, time and place:

**Date: Tuesday, November 12, 2024**  
**Time: 6:00 pm**  
**Place: The Villas at Hunters Ridge Clubhouse**  
**5223 Hunters Ridge Dr.**  
**New Port Richey, FL 34655**

Enclosed with this notice is the 2025 Proposed Budget. Before the commencement of the Annual Meeting of the Association, the Board of Directors shall adopt and approve the 2025 Annual Budget. Also enclosed with this notice is the Agenda for the Annual Meeting, and Proxy which will help establish a quorum and represent your vote on business that may arise. Please return your proxy as soon as possible unless you plan on attending the meeting. You may place your proxy in the Dropbox at Michael Cox, 10831 Panicum Court, New Port Richey, FL.

The Annual Meeting of the Association will be held for the purpose of voting on the election of Directors for the Board and conducting such other business as may lawfully be conducted.

**Website for Aristida is: [aristidahoa.com](http://aristidahoa.com)**

Agenda items are as follows:

### Budget Meeting Agenda

1. Certify Quorum of the Board and Membership
2. Vote to Roll Over Excess Funds
3. Board Approval of 2025 Annual Budget

### Annual Meeting Agenda

1. Roll Call
2. Proof of Notice of the Meeting or waiver of notice
3. Reading of minutes of previous meeting
4. Reports of Officers
5. Reports of Committee
6. Election of Directors
7. Unfinished business
8. New Business
9. **Adjournment**

A quorum of Association Members must be present, in person or by proxy, at the meeting in order for the business of the Association to be conducted. It is therefore **VERY IMPORTANT** that you either attend the meeting or provide a proxy, in order for the Association to conduct business.

**The Organizational Meeting for the new Board will be held immediately following the Annual Meeting.**

Mailed: October 28, 2024

BY ORDER OF THE BOARD OF DIRECTORS  
ANDREW GEORGE, LCAM

# Aristida

Homeowners' Association, Inc.

**BOARD OF DIRECTORS  
ORGANIZATIONAL MEETING**

NOTICE is hereby given that the Board of Directors is holding a meeting at the following DATE, TIME and LOCATION:

**DATE / TIME:** Tuesday, November 12, 2024 immediately following the Annual Membership Meeting

**LOCATION:** The Villas at Hunters Ridge clubhouse  
5223 Hunters Ridge Dr.  
New Port Richey, FL 34655

**Agenda**

1. Call to Order
2. Appoint Chairperson of the Meeting
3. Appoint Officer Positions
  - (1) President; (2) Vice President; (3) Treasurer; (4) Secretary; (5) Director
4. **Adjournment**

**ALL OWNERS ARE WELCOME TO ATTEND**

Mailed: October 28, 2024

BY ORDER OF THE BOARD OF DIRECTORS  
ANDREW GEORGE, LCAM

**PROXY WILL ALSO BE USED TO ESTABLISH A QUORUM**

# Aristida

**Homeowners' Association, Inc.**

## PROXY

The undersigned owner(s) or designated vote of Address \_\_\_\_\_

\_\_\_\_\_ in **Aristida Homeowners' Association, Inc.** hereby appoints the **President** of the Association or \_\_\_\_\_ as my proxy-holder to **ATTEND** the Annual Membership Meeting of **Aristida Homeowners Association**. to be held at **The Villas at Hunters Ridge Clubhouse, 5223 Hunters Ridge Dr., New Port Richey, FL 34655 on Tuesday, November 12, 2024 at 6:00 PM.**

The proxy- holder named above has the authority to vote and act for me to the same extent that I would, if personally present, with power of substitution, including the establishment of a quorum, in all matters before the membership, except that my proxy holder's authority is limited as indicated below:

**GENERAL POWERS:** Check "General Powers" if you want your proxy holder to vote on other issues which might come up at the meeting and for which a limited proxy is not required.

\_\_\_\_\_ I authorize and instruct my proxy holder to use his or her best judgement on all other matters which properly come before the meeting and for which a general proxy may be used.

**LIMITED POWERS:** For your vote to be counted on the following issues, you must indicate your preference in the blank(s) provided below.

\_\_\_\_\_ I specifically authorize and instruct my proxy holder to cast my vote in reference to the following matters I have indicated below:

**Roll Over Excess Funds:**

**Do you want to roll over any excess operating funds in the 2024 calendar year into the 2025 budget, as a constructive return of capital to the membership consistent with IRS rulings 70-604.**

\_\_\_\_\_ **YES** (Board Recommended)      \_\_\_\_\_ **NO**

Signature of Owner or Designated Voter:      Signature of Co-Owner      Date:

\_\_\_\_\_  
Print Name:      Print Name:      Date:

\_\_\_\_\_

**SUBSTITUTION OF PROXY HOLDER**

The undersigned, appointed as proxy holder above, designates \_\_\_\_\_  
To substitute for me in voting the proxy set forth above.      (Print Name)

Dated: \_\_\_\_\_  
\_\_\_\_\_  
(Signature of Proxy-holder)

**This proxy is revocable by the lot owner and is valid only for the meeting for which it is given and any lawful adjournment. In no event is the proxy valid for more than ninety (90) days from the date of the original meeting for which it was given.**

## "Notice of Intent to be a Candidate for the Board"

**SELF NOMINATION.** (✓) \_\_\_\_\_ I, \_\_\_\_\_ hereby nominate myself as a candidate for election to the Aristida Homeowners' Association, Inc. Board of Directors.

**DATE:** \_\_\_\_\_ **UNIT #:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_  
(Signature of candidate)

**ADDRESS:** \_\_\_\_\_

**CITY/STATE:** \_\_\_\_\_

**TELEPHONE NUMBER** \_\_\_\_\_

**I am aware that the following requirements are expected from me if I am elected:**

**TRANSPARENCY ACT:** As a Director I must submit a photocopy of my non-expired driver's license or passport verifying name, date of birth, address, and unique identifier of the document (driver's license number or passport number).

**EDUCATION REQUIREMENT:** Newly elected or appointed HOA Directors must submit a certificate that they have completed a department-approved educational course within 90 days of their election or appointment to the board.

**CERTIFICATION VALIDITY:** The completion certificate is valid for 4 years.

**RECURRING EDUCATION:** Directors must complete the course every 4 years.

**COURSE CONTENT:** Training includes financial literacy, transparency, recordkeeping, fines, and meeting notices.

**CONTINUING EDUCATION:** Directors of associations with fewer than 2500 parcels need 4 hours annually. 2500 or more parcels need 8 hours annually. Non-compliant directors are suspended until they meet the requirements. The board may temporarily fill vacancies during suspensions.

**RECORDKEEPING:** Associations must retain educational certificates for 5 years for member inspection. Lack of certifications on file does not invalidate board actions.

**I AM ( ) AM NOT ( )** enclosing an information sheet about myself.

I understand that I am responsible for the accuracy of the information contained in my Information Sheet.

Return to: **ARISTIDA HOMEOWNERS' ASSOCIATION, INC.  
C/O AMERI-TECH COMMUNITY MANAGEMENT, INC.  
5434 GRAND BOULEVARD  
NEW PORT RICHEY, FL 34652**

**ARISTIDA HOA**  
**UNITS: 122**  
**JANUARY 1, 2025 - DECEMBER 31, 2025 PROPOSED BUDGET**

<b>ACCT</b>	<b>REVENUE</b>	<b>2024 APPROVED ANNUAL</b>	<b>2025 PROPOSED ANNUAL</b>	<b>2025 MONTHLY AMOUNT</b>
4010	Unit Maintenance Fees	\$56,095	\$61,705	\$5,142
	<b>TOTAL REVENUE</b>	<b>\$56,095</b>	<b>\$61,705</b>	<b>\$5,142</b>
	<b>OPERATING EXPENSES</b>			
5010	Administrative	\$2,250	\$2,500	\$208
5015	Community Events	\$750	\$800	\$67
5200	Pest control & Fertilization		\$1,000	\$83
5300	Insurance	\$2,052	\$2,500	\$208
5400	Lawn Maintenance	\$18,900	\$14,000	\$1,167
5610	Corporate Filing	\$80	\$100	\$8
5800	Management Fee Exp. 12/24 - 60 day notice	\$16,368	\$16,368	\$1,364
5900	Legal & Professional Fees	\$1,250	\$2,750	\$229
5950	Accounting Fees	\$500	\$500	\$42
6100	General Maintenance	\$1,250	\$2,500	\$208
6110	Flock cameras/repairs		\$4,250	\$354
6120	Common Area Entrance Maintenance	\$4,100	\$4,100	\$342
6130	Holiday Lighting	\$1,500	\$1,600	\$133
6180	Pond/Lake Maintenance	\$3,345	\$3,500	\$292
7000	Electric	\$3,750	\$4,237	\$353
	<b>TOTAL OPERATING EXPENSES</b>	<b>\$56,095</b>	<b>\$60,705</b>	<b>\$5,059</b>
	<b>RESERVES</b>			
		\$0	\$0	\$0
	Reserves - Deferred Maintenance and SWFMD	\$12,000	\$1,000	\$83
	<b>TOTAL RESERVES</b>	<b>\$12,000</b>	<b>\$1,000</b>	<b>\$83</b>
	<b>TOTAL EXPENSES</b>	<b>\$68,095</b>	<b>\$61,705</b>	<b>\$5,142</b>

Annual Fees

\$506

**RESERVE ANALYSIS  
ARISTIDA HOA  
JANUARY 1, 2025 - DECEMBER 31, 2025**

<b>RESERVES</b>	<b>Current Replacement cost</b>	<b>Current Reserves 1/1/2025</b>	<b>Expected Life Yrs.</b>	<b>Remaining Life Yrs</b>	<b>Unreserved Amounts</b>	<b>2025 Fully Funded Annual Reserves</b>	<b>2025 Actual Budgeted Amount</b>
Maintenance and SWFMD	\$60,000	\$12,000		48	\$48,000	\$1,000	\$1,000

**TOTALS**                    **\$60,000**    **\$12,000**                    **\$48,000**                    **\$1,000**                    **\$1,000**

# Aristida

## Homeowners' Association, Inc.

Please Return to Ameri-Tech Community Management, Inc.,  
5434 Grand Blvd., New Port Richey, FL 34652  
E-mail: [andrewg@ameritechmail.com](mailto:andrewg@ameritechmail.com) – 727-726-8000 Ext 301

### EMERGENCY CONTACT INFORMATION FOR OWNER OR TENANT

PROPERTY ADDRESS \_\_\_\_\_

Please complete the form below by PRINTING the requested information, sign & date and either hand deliver, mail, or scan & email to Ameri-Tech Community Management, Inc. c/o Andrew George.

Homeowners Name(s) \_\_\_\_\_

Resident Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Home Telephone Number \_\_\_\_\_

Work Telephone Number \_\_\_\_\_ Text Cell Phone: YES or NO

Email \_\_\_\_\_ Cell # \_\_\_\_\_

Nearest Contact (relative, friend, neighbor) with a key (in case of emergency)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

Nearest Relative (in case of emergency)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

TENANT(s), if applicable \_\_\_\_\_

Home Telephone Number \_\_\_\_\_

Work Telephone Number \_\_\_\_\_ Text Cell Phone: YES or NO

E-mail \_\_\_\_\_ Cell # \_\_\_\_\_

Number of Person(s) occupying unit

Number of Pets (and type)

Adults(s) \_\_\_\_ Children \_\_\_\_\_

Dogs \_\_\_\_ Cats \_\_\_\_ Other \_\_\_\_

Vehicle(s)    Make/Yr    Model

Color    TAG Number

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
PLEASE SIGN AND DATE BELOW:

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Owner Signature (if applicable)

\_\_\_\_\_  
Date

I give permission to share my personal information (phone numbers, e-mail & address) with other Aristida Homeowners' Association, Inc. owners.