

Woodshire on Butler Condominium Association

c/o VISION Community Management
16625 S. Desert Foothills Parkway | Phoenix, AZ 85048
Office: (480) 759-4945 | Fax: (480) 759-8683
Email: Woodshire@WeAreVision.com

Effective May 1, 2026, your Board of Directors has contracted with VISION Community Management (VCM) to provide professional management, accounting, and consulting services to the Woodshire on Butler Condominium Association. After this date, please address all questions and payments to the address/phone numbers listed below.

At VCM we believe in open communication between homeowners, the Board of Directors, your community manager and accountant. Our experience has shown that a homeowner's main concern is a lack of communication and response. At VCM, your experienced accountant, certified manager, or administrator is available Mon-Fri 8:00 am – 4:00 pm. If you have an after-hours emergency, please call 480-759-4945, Option 5.

The communities assigned property manager is Genevieve Munoz.

Should you have to leave a voice or email message for your team, we strive for a response time of no more than one business day.

Payments already submitted to the previous payment address will be forwarded to our office and your account will be updated. **Please note that late fees will not be assessed in May as we are currently transitioning to Vision Community Management.**

If you haven't already submitted your payment, please submit your check made payable to Woodshire on Butler Condominium Association to the "Payment Address" below. Any other type of association correspondence can be directed to our "mailing address."

MAILING ADDRESS

**Woodshire on Butler Condominium
Association
c/o VISION Community Management
16625 S. Desert Foothills Pkwy
Phoenix, AZ 85048
Ph: (480) 759-4945
fax: (480) 759-8683
Woodshire@WeAreVision.com**

PAYMENT ADDRESS

**Woodshire on Butler Condominium
Association
c/o VISION Community Management
PO Box 93866
Las Vegas, NV 89193-3866**

***Please reference your account # on your check*
This is a bank lockbox. Do not send any
correspondence to this address. It will not be
forwarded to our office.**

If you currently use an online bill paying service, please take a moment to update the address on file.

If you had a credit balance with the prior management company, that information will be forwarded to our office. Failure to send payments to the new remittance address could cause delays in the posting of your assessment payment.

Please take some time to complete and return the enclosed information form and view what is available for your community on our website www.WeAreVision.com/WOB. You may scan and return the forms via email to Woodshire@WeAreVision.com. Your personal information will be kept confidential and used for association communications only.

VCM looks forward to working with you and your Board of Directors to ensure the highest levels of service and value continue to be offered. Do not hesitate to contact us with any questions you may have.

Sincerely,

VISION Community Management Team

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OWNER INFORMATION / AGENT AUTHORIZATION FORM

Please use this form to provide homeowner address and contact information, and/or to authorize your agent/property manager to access your account. The following information will be kept confidential.

Homeowners Name (s): _____ Unit/Lot #: _____

Property address: _____

Off-site mailing address: _____

Home Phone: _____ Work Phone: _____

E-Mail: _____ Cell Phone: _____

Occupancy (Please check one):

- Owner Occupied-**Full Time** Owner Occupied-**Part Time** Vacant Rental*

If this property is owner occupied, please provide homeowner vehicle information:

1. Make _____ Model _____ Color _____ Plate _____
2. Make _____ Model _____ Color _____ Plate _____
3. Make _____ Model _____ Color _____ Plate _____
4. Make _____ Model _____ Color _____ Plate _____

Agent/Property Manager Authorization (Optional):

Please provide the following information only if you would like to authorize your agent or property manager to access your account.

Agent Name/Company Name: _____ / _____

Mailing Address: _____

Home Telephone: _____ Work Telephone: _____

E-Mail: _____ Cell Telephone: _____

- Please send a copy of all **violations** to my authorized Agent/Property Manager at the address listed above.
- Please send a copy of all **billing statements** to my authorized Agent/Property Manager at the address listed above.

***For Rental Properties: If this property is a rental, completion of the Tenant Tracking Form is required.**

Vision Community Management
16625 S. Desert Foothills Pkwy, Phoenix, AZ 85048
Office: (480) 759-4945 Fax: (480) 759-8683
Email: RentalReg@WeAreVision.com

RENTAL REGISTRATION FORM

Pursuant to Arizona state law §33-1806.01 / §33-1260.01, completion of this form is required if you rent out your home. Each time a new tenant moves into your home, a new form must be completed and a \$25.00 fee paid. If the form is not fully completed or not returned within 15 days from the lease start or renewal date, a \$15.00 late fee will be charged.

Owner Name(s): _____ Phone: _____

Property Address: _____ Email: _____

If this home is no longer a rental, please check here and return the form to the address below:

Name(s) of Adult(s) Tenants and Contact Information (Required):

- | | | |
|----------|--------------|--------------|
| 1. _____ | Phone: _____ | Email: _____ |
| 2. _____ | Phone: _____ | Email: _____ |
| 3. _____ | Phone: _____ | Email: _____ |
| 4. _____ | Phone: _____ | Email: _____ |

Lease Term (Required):

Start Date: _____ End Date: _____ New Registration (\$25.00 Enclosed)
 Renewal – Previously Paid

Resident Vehicles (Required):

- | | | | |
|---------------|-------------|-------------|-------------|
| 1. Make _____ | Model _____ | Color _____ | Plate _____ |
| 2. Make _____ | Model _____ | Color _____ | Plate _____ |
| 3. Make _____ | Model _____ | Color _____ | Plate _____ |
| 4. Make _____ | Model _____ | Color _____ | Plate _____ |

Return this completed form each time you have a new tenant OR a lease renewal to the address listed below. For New Tenants: Include a check or money order in the amount of \$25.00. If mailing this form more than 15 days after the request for information, include the \$15.00 late fee. Make checks payable to:

Vision Community Management
16625 S. Desert Foothills Pkwy, Phoenix, AZ 85048



VISION
COMMUNITY MANAGEMENT
A REALMANAGE COMPANY

Contact And Payment Options

Contact

Phone: 480-759-4945 Hours: Mon - Fri | 8:00 AM – 4:00 PM (Excluding Holidays)

Correspondence Address: Vision Community Management
16625 S Desert Foothills Pkwy, Phoenix, AZ 85048

Payment Options - 2026

<u>Mail:</u>	<ul style="list-style-type: none">● Mail a check or money order with your payment coupon to: Association Name, PO Box 93866, Las Vegas, NV 89193-3866● Make checks payable to your Association and include your 10-digit account number● If you own multiple units or lots, pay one unit/lot per check/money order to ensure proper payment application● <i>Allow 7+ business days for mail delivery and processing.</i>
<u>Auto Pay:</u> Western Alliance Bank	<ul style="list-style-type: none">● Visit www.visioncommunitymanagement.com, select 'find your community', find your association and select 'Pay Online by eCheck/Credit Card/Auto Pay'● OR Visit https://pay.westernalliancebank.com/Home?cmcid=D3005594● Sign In / Create an accountGo to Scheduled Payments ● Western Alliance Customer support: 1-844-739-2331
<u>One Time:</u> Western Alliance Bank	<ul style="list-style-type: none">● Visit www.visioncommunitymanagement.com, select 'find your community', find your association and select 'Pay Online by eCheck/Credit Card/Auto Pay'● OR Visit https://pay.westernalliancebank.com/Home?cmcid=D3005594● Make a Payment as a Guest● eCheck or Debit/Credit Card● Management ID: 6747 - Association ID: Refer to Statement● Property Account Number: Include the ten-digit account number listed on your statement● Western Alliance Bank Customer support: 1-844-739-2331● <i>*Additional bank fee applied to credit card payments & one time payments</i>
<u>Bill Pay:</u> Your Personal Bank	<ul style="list-style-type: none">● Send a payment using your own bank bill pay service● Payee: Your Association Name● P.O. Box 93866, Las Vegas, NV 89193-3866● Property Account Number: Include the ten-digit account number listed on your statement● <i>Allow 7-10 business days for mail delivery and processing.</i>
<u>In-Person:</u>	<ul style="list-style-type: none">● Provide a check or money order in-person to our local office at 16625 S Desert Foothills Pkwy, Phoenix AZ 85048 during regular business hours. Cash and credit cards are <u>not</u> accepted forms of payment.● Property Account Number: Include the ten-digit account number listed on your statement

www.VisionCommunityManagement.com