

**WELLEBY MANAGEMENT ASSOC.  
P.O. BOX 450370  
SUNRISE, FL 33345-0370**

***info@welleby.net***  
**954-749-6228\* FAX 954-748-2440**

**ESTOPPEL**

December 08, 2005

RE: Owner's Name

TO:

ADDRESS: Property Street Address  
ACCOUNT #: Property Account number  
ESTOPPEL FAXED:

TITLE CO FILE #:  
ATTN:

**BALANCE DUE TO ASSOCIATION AS OF THIS DATE: \$0.00**

**DATE OF LAST PAYMENT: (last date paid) for \$ \_\_\_\_\_**

MAINTENANCE FEES OF \$ \_\_\_\_\_ ARE DUE (\_\_\_\_\_). There is an administrative fee  
of \$20.00 for late payments.  
MAINTENANCE FEES SUBJECT TO CHANGE.  
**\*\*PLEASE ADVISE THE PRESENT OWNER TO PASS THEIR MAINTENANCE PAYMENT COUPON  
BOOK TO NEW OWNER AT CLOSING.\*\***

**For Your Info.**

**EXISTING VIOLATIONS AS OF THIS DATE: \_\_\_\_\_**

**\*\*\*All existing violations to the Association's covenants must be rectified prior to closing. If they are not, they become the responsibility of the new owner.\*\*\***

**"THE RESPONSES HEREIN ARE MADE IN GOOD FAITH AND TO THE BEST OF OUR ABILITY AS TO THEIR ACCURACY. THIS ESTOPPEL DOES NOT ATTEST TO THE LEGAL OWNERSHIP OF SAID PROPERTY."**

THE FOLLOWING INFORMATION IS IN RESPONSE TO YOUR RECENT REQUEST FOR INFORMATION REGARDING THE MAINTENANCE FEES FOR THE ABOVE NOTED ACCOUNT.

The complete Name of the Association is: \_\_\_\_\_

Address: \_\_\_\_\_

Copies of the following documents are included in the loan file:

- \_\_\_\_\_ Association by-laws with all amendments (Available upon request for nominal charge.)
- \_\_\_\_\_ Applicable Documentation and Eligibility Checklist
- \_\_\_\_\_ Homeowners Association Questionnaire

1. Are the units on leased land? ( ) Yes ( ) No

2. Are there any leased recreational facilities or any common land area leases? ( ) Yes

( ) No

3. Voting control of the Board of Trustees (Directors) has been turned over to the Homeowners Association since: \_\_\_\_/\_\_\_\_ If not yet turned over to the owners, the anticipated date of transfer is:

4. What was the year the project was built? \_\_\_\_\_

5. Is the project subject to additional phasing? \_\_\_\_ Total number of phases in project: \_\_\_\_

6. Other than the developer, does any one entity own more than two units; if yes, how many? \_\_\_\_\_

7. Does the Declaration or any other constituent document governing the project contain a right of first refusal (or right to provide a substitute buyer) in favor of the Association or developer to purchase any unit in the project offered for sale, lease, or transfer?

( ) Yes ( ) No

**A COPY OF THE DOCUMENTS ARE AVIALABLE ON REQUEST FOR A NOMINAL COST FOR COPIES.**

8. Is the Owner's Association currently a party in any type of litigation?( ) Yes ( ) No  
If Yes, a detailed explanation or court filing is attached.

9. Is the project subject to additional phasing? ( ) Yes ( ) No

10. Have 70% of the units in the condominium project been sold to bonafide purchasers who closed or are legally obligated to close? ( ) Yes ( ) No

11. Have 90% of the units been sold to bonafide purchasers other than the developer who have closed or are legally obligated to close? ( ) Yes ( ) No

12. Does anyone entity own 10% more of the units? ( ) Yes ( ) No

13. Are 70% of the units sold in the project owned by individuals to be used as their primary year-round residence or second home? ( ) Yes ( ) No

**For Your Info.**

14. If the project is completely constructed, please complete the below information:

Owner-Occupied Primary Residences: #

Second Home Units: #

Investor/Rental Units: #

15. Are the units owned "fee simple"? ( ) Yes ( ) No

1. The complete Name of the Association is: \_\_\_\_\_  
Address: \_\_\_\_\_

2. Is the residential development filed with the State as a Condominium or Planned Unit Development?  
( ) Condominium ( ) PUD

3. Voting control of the Board of Trustees (Directors) has been turned over to the Homeowners Association

since: \_\_\_\_/\_\_\_\_  
Month Year

3a. If not yet turned over to owners, anticipated date of transfer is:

4. Is there more than one association for the project (such as a "Master" or "Umbrella" Association)?  
( ) Yes ( ) No

5. Is there more than one Association for the project?

6. Is the project an apartment conversion? ( ) Yes ( ) No

7. The project consists of \_\_\_ units,

8. If the project is completely constructed, please complete the below information:

Owner-Occupied Primary Residences: #

Second Home Units: #

Investor/Rental Units: #

9. Does any single investor or entry own more than ten percent (10%) of the total unit in the project? ( )  
Yes ( ) No

10. Is all construction complete? (This includes all amenities such as: pools, tennis courts, roads, walkways, parking areas, landscaping, club house, and renovations associated with conversions )  
( ) Yes ( ) No

Additionally, if there is a Master Association:

10a. Is construction of all Master Association recreational facilities complete?  
( ) Yes ( ) No

10b. Which recreational items are included in the Master Association?

11. Can the project be expanded beyond its current size? ( ) Yes ( ) No

12. Does the Association allow daily or weekly rentals?

Daily ( ) Yes ( ) No Weekly ( ) Yes ( ) No

13. Are the units on leased land: ( ) Yes ( ) No

14. Are there any leased recreational facilities or any common land areas leased?  
( ) Yes ( ) No

15. Is the project managed by an outside, professional management firm?  
( ) Yes ( ) No

16. Is any space within the project designated only for commercial use?  
( ) Yes ( ) No

If yes, what is the number of commercial units? #

17. Who does/will retain title to the commercial units?  
( ) HOA Association ( ) Individual Commercial Unit Owners

18. Does the project contain any affordable housing units (also known as "low-to-moderate-income" housing units)?

( ) Yes ( ) No Number of Units: \_\_\_\_\_

19. Is the Owner's Association currently a party in any type of litigation? ( ) Yes ( ) No

If yes, please state the nature of the suit, the other party involved, the amount being sued for and the anticipated settlement date. (Please attach a detailed explanation or court filing.)

20. The fiscal year of the Association is from: \_\_\_/\_\_\_ to \_\_\_/\_\_\_  
Month Year Month Year

21. Please provide the amount of the unit assessment/common charges below. If uniform charges, the monthly assessment is \$ \_\_\_\_\_ per month. If not uniform, the monthly assessment range is from \$ \_\_\_\_\_ to \$ \_\_\_\_\_.

22. As of \_\_\_\_\_, how many owners are delinquent more than thirty (30) days in their unit assessment charges? # \_\_\_\_\_  
Total amount of outstanding charges is: \$ \_\_\_\_\_

23. Amount of current money on hand in the office: \$ \_\_\_\_\_

24. Are there any special assessments now approved, or have there been any in the past year?  
( ) Yes ( ) No

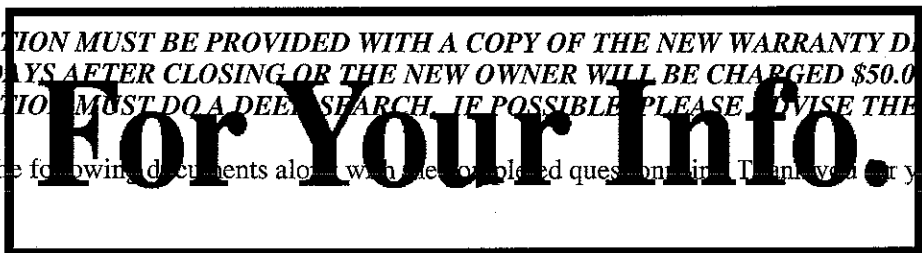
24a. If yes, state the nature of the assessments:  
Assessment was for: \_\_\_\_\_  
Total amount of assessment was \$ \_\_\_\_\_  
Per unit charge was \$ \_\_\_\_\_

25. The amount currently held in a segregated reserve for future repair and/or replacement of major components of the project is \$ \_\_\_\_ This amount is adequate for replacement of major components. ( )  
Yes ( ) No  
(\*\*PRESENT & PREVIOUS YEAR'S BUDGETS AVAILABLE ON REQUEST ONLY \*\*)

26. Are there any mortgages or other long-term debts currently outstanding for the association?  
( ) Yes ( ) No

**PLEASE HAVE THE BUYER COMPLETE AND SUBMIT THE ATTACHED APPLICATION FOR PURCHASE AND DISCLOSURE STATEMENT. THERE ARE NOT SCREENINGS OR FEES FOR APPROVAL BY WELLEBY MANAGEMENT ASSOCIATION.**

**THE ASSOCIATION MUST BE PROVIDED WITH A COPY OF THE NEW WARRANTY DEED WITHIN (10) DAYS AFTER CLOSING OR THE NEW OWNER WILL BE CHARGED \$50.00 IF THE ASSOCIATION MUST DO A DEED SEARCH. IF POSSIBLE PLEASE ADVISE THE DATE OF CLOSING.**



Please provide the following documents along with the completed questionnaire. Thank you for your assistance.

- 1. Homeowner's Association Budget (ONLY UPON WRITTEN REQUEST)
- 2. Association Insurance Binder (Hazard, Fidelity, Flood) Contact:
- 3. Management Company Agreement (NOT applicable; SELF MANAGED)
- 4. Copy of Declaration Page from the Master Insurance Policy

THE UNDERSIGNED DOES HEREBY CERTIFY THAT INFORMATION ABOVE IS TRUE AND ACCURATE TO THE BEST OF THEIR KNOWLEDGE AS OF: \_\_\_\_\_

(Date)

WELLEBY MANAGEMENT ASSOCIATION, INC.  
PATRICIA WILEY -STRAIGHT, LCAM  
PROPERTY MANAGER

**\*THIS IS TO BE COMPLETED BY A DIRECTOR OR OFFICER OF THE HOA OR MANAGER OF THE MANAGEMENT COMPANY ONLY.\***