

Royal Coast Condominium Association, Inc. Estoppel Certificate

Date of issuance: _____, 20__

Present Owner: _____

Unit Designation and Address: _____

Parking or garage space identification for this unit: _____

Is Account in collection with Attorney? Yes or No

Attorney Name: _____

Attorney Contact Information: _____

Fee for the preparation and delivery of this estoppel certificate: \$ _____

Name of the requestor: _____

Assessment Information

Amount of regular periodic assessment fee : \$ _____

Payable per: Month, Quarter, Year, Other _____

The regular periodic assessment is paid through: _____

The next installment of the regular periodic assessment is due _____ in the amount of \$ _____

An itemized list of all assessments, special assessments and other moneys owed on the date of issuance to the association by the owner for the property and that will become due for each day of the effective period of this estoppel certificate is:

Attached hereto

Available from the collection attorney referenced above

Outstanding and unpaid fines in the amount of \$ _____.

Other outstanding charges due to the Association from this Unit:

Other Information

Is there a Capital contribution Fee? Yes or No. Amount: \$ _____

Is there a Resale Fee? Yes or No. Amount: \$ _____

Is there a Transfer Fee? Yes or No. Amount: \$ 100.00 Screening Fee

Is there any other type of Fee? Yes or No. Amount: \$ _____

(LIST ALL OTHER FEES THAT MAY BE CHARGED, INCLUDING BUT NOT LIMITED TO LATE FEES, USE FEES, MOVE-IN FEES AND THE LIKE)

Is there any open violation of the Declaration or the rules or regulations for which notice has been given to the owner and is reflected in the association official records? Yes or No

Do the Declaration or rules and regulations of the association applicable to the property require approval by the board of directors of the association for the transfer of the unit? Yes No

If yes, has the board approved the transfer of the property? Yes No

Is there a right of first refusal provided to the members or the association? Yes No

If yes, have the members or the association exercised that right of first refusal? Yes No

Is there more than one association to which the owner of this property is a member? Yes No

If yes, please provide contact information:

Association name: _____

Contact name: _____

Contact number: _____

Association name: _____

Contact name: _____

Contact number: _____

Names, addresses and phone numbers for all insurance maintained by the Association:

THE ABOVE INFORMATION IS TRUE AND CORRECT.

Royal Coast Condominium Association, Inc.

By: _____

Date: _____

Print Name: _____

Phone: _____

If this Estoppel Certificate is hand delivered or sent by electronic means, it is effective for thirty (30) days from the date hereof. If this Estoppel Certificate is sent by regular mail, it is effective for thirty-five (35) days from the date hereof.