

DISCLOSURE STATEMENT

as at 21 March 2018

Body Corporate Name of Scheme: **SEABREEZE MOOLOOLABA**
Community Titles Scheme No: **50933**
Lot Number: **803** Plan Number: **285857**

Secretary Name **Mr Ian Woodward**
Address **PO Box 1191**
MOOLOOLABA QLD 4557
Telephone Facsimile

Body Corporate Manager Name **ARCHERS BODY CORPORATE M/MENT**
Address **PO Box 1191**
MOOLOOLABA QLD 4557
Telephone Facsimile

Contributions and Levies	Administrative Fund	Levies Determined by the Body Corporate for this Lot			
		Amount	Due Date	Discount	If paid by
	02/01/18 to 31/05/18	\$1,260.72	01/02/18	Nil	01/02/18
	01/06/18 to 30/11/18	\$1,263.78	01/06/18	Nil	01/06/18
	01/12/18****31/05/19	\$1,263.78	01/12/18	Nil	01/12/18
	Sinking Fund				
	02/01/18 to 31/05/18	\$459.00	01/02/18	Nil	01/02/18
	01/06/18 to 30/11/18	\$459.00	01/06/18	Nil	01/06/18
	01/12/18****31/05/19	\$459.00	01/12/18	Nil	01/12/18

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Improvements on Common Property for which Buyer will be Responsible
See annexure Register of Authorisations Affecting Common Property

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DISCLOSURE STATEMENT (continued)

**Body Corporate
Assets Required to
be Recorded on
Register**

There are no assets required to be recorded.

Committee

**Information
prescribed under
Regulation
Module**

Nil

Signing

Seller/Sellers Agent

Witness

Date

**Buyers
Acknowledgement**

**The Buyer acknowledges having received and read this statement from the
Seller before entering into the contract.**

Buyer

Witness

Date

Additional Information

Body Corporate	Name of Scheme:	SEABREEZE MOOLOOLABA		
	Community Titles Scheme No:	50933		
	Lot Number:	803	Plan Number:	285857
Lot Entitlements and Other Matters	Interest Schedule	Aggregate	12566	Entitlement of Lot 539
	Contribution Schedule	Aggregate	7700	Entitlement of Lot 306
	Balance of Sinking fund at end of last Financial Year		0.00	as at
	Insurance Levies not included in Administrative Fund Levies:	See Annexure		
	Monetary Liability under Exclusive Use By-Law			

Insurance	Type	Company	Policy No	Sum Insured	Due Date
	BUILDING	CHU Underwriting Agencies	HU0037699	10,538,797	15/12/18
	FLOOD COVER	CHU Underwriting Agencies	HU0037699	10,538,797	15/12/18
	MACHINERY BREAKDOWN	CHU Underwriting Agencies	HU0037699	100,000	15/12/18
	OFFICE BEARERS	CHU Underwriting Agencies	HU0037699	5,000,000	15/12/18
	PUBLIC LIABILITY	CHU Underwriting Agencies	HU0037699	20,000,000	15/12/18

Mortgages or Securities over Body Corporate Assets **Nil**

Additional Information (continued)

Body Corporate

Name of Scheme:

SEABREEZE MOOLOOLABA

Community Titles Scheme No:

50933

Lot Number:

803

Plan Number:

285857

Latent or Patent
Defects in
Common
Property or Body
Corporate Assets

Additional Information on this page to be Completed by the Vendor/s

Actual or
Contingent or
Expected
Liabilities of Body
Corporate

Circumstances in
Relation to
Affairs of the
Body Corporate

Exceptions to
Statements in
Clause 7.4(2)

DISCLOSURE STATEMENT (Continued)

Name of Scheme	SEABREEZE MOOLOOLABA			CTS No	50933
Lot No.	803	Type	BUILDING FORMAT PLAN	Plan No	285857

ANNEXURE - LEVY DETAILS

Description	Amount	Due Date	Date Paid	Discount	If paid by	Date of Notice	Amount Overdue
INSURANCE FUND							
02/01/18 to 31/05/18	161.70	01/02/18	N/A	0.00	01/02/18	20/12/17	N/A
01/06/18 to 30/11/18	167.09	01/06/18	N/A	0.00	01/06/18		N/A
01/12/18****31/05/19	167.09	01/12/18	N/A	0.00	01/12/18		N/A

Items marked with **** are for periods that are outside the current financial year. They may also be subject to ratification at the next General Meeting.

CONTRACTS REGISTER

SEABREEZE MOOLOOLABA CTS 50933

Contractor Name and Address Archers The Strata Professionals PO Box 1191 MOOLOOLABA QLD 4557	Details of Duties Body Corp Administration	Delegated Powers See Agreement	Basis of Remuneration Quarterly in advance
Commencement Date Term of Contract Options Copy of Agreement on File Workers Comp No	15/12/17 3 years	Termination Date Finance Name of Financier Date of Advice from Financier Date of Withdrawal of Financier	
Contractor Name and Address Direct Rentals Pty Ltd PO Box 596 Mooloolaba Q 4557	Details of Duties See Agreement	Delegated Powers	Basis of Remuneration Monthly in arrears
Commencement Date Term of Contract Options Copy of Agreement on File Workers Comp No	15/01/18 25 years N Y	Termination Date Finance Name of Financier Date of Advice from Financier Date of Withdrawal of Financier	
Contractor Name and Address Direct Rentals Pty Ltd PO Box 596 Mooloolaba Q 4557	Details of Duties See agreement	Delegated Powers	Basis of Remuneration
Commencement Date Term of Contract Options Copy of Agreement on File Workers Comp No	15/01/18 25 years N Y	Termination Date Finance Name of Financier Date of Advice from Financier Date of Withdrawal of Financier	
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