



CONDOMINIUM RESALE CERTIFICATE

(Section 82.157, Texas Property Code)

Condominium Certificate concerning Condominium Unit 916 in Building 1, of 2016 MAIN OWNERS ASSOCIATION INC., a condominium project, located at 2016 MAIN ST. (Address), City of HOUSTON, County of HARRIS, Texas, on behalf of the condominium owners' association (the Association) by the Association's governing body (the Board).

- A. The Declaration does does not contain a right of first refusal or other restraint that restricts the right to transfer the Unit. If a right of first refusal or other restraint exists, see Section _____ of the Declaration.
- B. The periodic common expense assessment for the Unit is \$ 375.52 per month.
- C. There is is not a common expense or special assessment due and unpaid by the Seller to the Association. The total unpaid amount is \$ _____ and is for _____.
- D. Other amounts are are not payable by Seller to the Association. The total unpaid amount is \$ _____ and is for _____.
- E. Capital expenditures approved by the Association for the next 12 months are \$ 662,000.
- F. Reserves for capital expenditures are \$ 856,839; of this amount \$ 662,000 has been designated for New Cooling Tower (completed 1/2020) + renovations.
- G. The current operating budget **and balance sheet** of the Association is attached.
- H. The amount of unsatisfied judgments against the Association is \$ 0.
- I. There are are not any suits pending against the Association. The nature of the suits is _____.
- J. The Association does does not provide insurance coverage for the benefit of unit owners as per the attached summary from the Association's insurance agent.
- K. The Board has has no knowledge of alterations or improvements to the Unit or to the limited common elements assigned to the Unit or any portion of the project that violate any provision of the Declaration, by-laws or rules of the Association. Known violations are: _____.
- L. The Board has has not received notice from a governmental authority concerning violations of health or building codes with respect to the Unit, the limited common elements assigned to the Unit, or any other portion of the condominium project. Notices received are: ALTHOUGH ANY INDIVIDUAL UNITS MAY BE LEASED, NO LEASEHOLD ENCUMBERS THE PROJECT OR COMMON ELEMENTS.
- M. The remaining term of any leasehold estate that affects the condominium is N/A and the provisions governing an extension or a renewal of the lease are: _____.

N. The Association's managing agent is OAK LEAF MGMT - C/O PAT TOLLETT, PRESIDENT
(Name of Agent)
9555 W. SAM HOUSTON PKWY So., Ste 250, HOUSTON, TX 77099
(Mailing Address)
713-541-9724 713-541-1524
(Phone [Telephone Number]) (Fax [Number])

E-mail Address

(Address of Property)

O. Association fees resulting from the transfer of the unit described above: [\$ 100.]

<u>Description</u>	<u>Paid To</u>	<u>Amount</u>
1st Month Assessments 2016 Main HOA.		\$ 375.52
Document Fee 2016 Main HOA.		\$ 100.00
Move In Fee 2016 Main HOA.		\$ 200.00

P. Required contribution, if any, to the capital reserves account \$ 375.52

REQUIRED ATTACHMENTS:

1. Operating Budget
2. Insurance Summary
- 3. Balance Sheet**

NOTICE: The Certificate must be prepared no more than three months before the date it is delivered to Buyer.

2016 MAIN OWNERS ASSOCIATION, INC.

Name of Association

By: [Signature]

Name: GARY BERNARD

Title: General Manager, 2016 MAIN

Date: 8/6/2020

Mailing Address: 2016 Main St., Houston, TX 77002

E-mail: 2016 HOA MANAGER@Sbcglobal.net

This form has been approved by the Texas Real Estate Commission for use with similarly approved or promulgated contract forms. Such approval relates to this form only. TREC forms are intended for use only by trained real estate **license holders [licensees]**. No representation is made as to the legal validity or adequacy of any provision in any specific transactions. It is not suitable for complex transactions. Texas Real Estate Commission, P.O. Box 12188, Austin, TX 78711-2188, 512-936-3000 (<http://www.trec.texas.gov>) TREC No. 32-4[3]. This form replaces TREC No. 32-3[2].



2016 MAIN OWNERS ASSOCIATION, INC.

2020 BUDGET SUMMARY

PAYROLL SALARIES	\$712,859
PAYROLL BENEFITS	\$195,235
ADMINISTRATIVE EXPENSE	\$139,810
CONTRACT SERVICE	\$492,400
MAINTENANCE/REPAIRS	\$204,895
UTILITIES	\$515,045
MANAGEMENT	\$46,596
TAXES	\$2,100
INSURANCE	\$232,800
RESERVES	\$442,226
OTHER	\$1,500
TOTAL	\$2,985,466
OTHER INCOME (LAUNDRY & GUEST ROOM)	\$74,425
TOTAL ADJUSTED EXPENSES	\$2,911,041
TOTAL ASSESSMENT	\$2,911,041



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/9/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marsh Wortham, a division of Marsh USA, Inc PO Box 1388 Houston, TX 77251-1388 www.worthaminsurance.com	CONTACT NAME: Marsh Wortham, a division of Marsh USA, Inc	
	PHONE (A/C, No, Ext): 713-526-3366 FAX (A/C, No): 713-521-1951 E-MAIL ADDRESS:	
INSURED 2016 Main Owners Association c/o Oak Leaf Management 9555 W. Sam Houston Parkway South Suite 250 Houston TX 77099	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Philadelphia Indemnity Insurance Company	18058
	INSURER B : Great American Alliance Insurance Co	26832
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER: 52767257


REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Deductible -0- GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		PHPK2047476	11/15/2019	11/15/2020	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		PHPK2047476	11/15/2019	11/15/2020	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$-0-		UM30181758	11/15/2019	11/15/2020	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 Products/Comp Opns \$10,000,000 PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

For Informational Purposes Only	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE  Marsh Wortham, a division of Marsh USA, Inc.
---------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

© 1988-2015 ACORD CORPORATION. All rights reserved.

ACORD 25 (2016/03)

The ACORD name and logo are registered marks of ACORD



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)

11/13/2019

THIS EVIDENCE OF COMMERCIAL PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

PRODUCER NAME, CONTACT PERSON AND ADDRESS Marsh Wortham, a division of Marsh USA, Inc PO Box 1388 Houston, TX 77251-1388 Marsh Wortham, a division of Marsh USA, Inc www.worthaminsurance.com		PHONE (A/C, No, Ext): 713-526-3366	COMPANY NAME AND ADDRESS Affiliated FM Insurance Company Policy Number: GS986 Lloyd's -Deductible Buy Down Policy Number: UP1902116LS	NAIC NO:
FAX (A/C, No): 713-521-1951	E-MAIL ADDRESS:	IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH		
CODE:	SUB CODE:	POLICY TYPE		
AGENCY CUSTOMER ID #: 102016MAIN		LOAN NUMBER	POLICY NUMBER See Above	
NAMED INSURED AND ADDRESS 2016 Main Owners Association, Inc. 2016 Main Street Houston TX 77002		EFFECTIVE DATE 11/15/2019	EXPIRATION DATE 11/15/2020	CONTINUED UNTIL TERMINATED IF CHECKED
ADDITIONAL NAMED INSURED(S)		THIS REPLACES PRIOR EVIDENCE DATED:		

PROPERTY INFORMATION (ACORD 101 may be attached if more space is required) BUILDING OR BUSINESS PERSONAL PROPERTY

LOCATION / DESCRIPTION


THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COVERAGE INFORMATION	PERILS INSURED	BASIC	BROAD	<input checked="" type="checkbox"/> SPECIAL		
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$118,362,000						DED: 10,000
<input type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE	YES NO N/A					Actual Loss Sustained; # of months:
BLANKET COVERAGE		<input checked="" type="checkbox"/>				If YES, indicate value(s) reported on property identified above: \$
TERRORISM COVERAGE		<input checked="" type="checkbox"/>				Attach Disclosure Notice / DEC
IS THERE A TERRORISM-SPECIFIC EXCLUSION?						
IS DOMESTIC TERRORISM EXCLUDED?		<input checked="" type="checkbox"/>				
LIMITED FUNGUS COVERAGE		<input checked="" type="checkbox"/>				If YES, LIMIT: DED:
FUNGUS EXCLUSION (If "YES", specify organization's form used)		<input checked="" type="checkbox"/>				
REPLACEMENT COST		<input checked="" type="checkbox"/>				
AGREED VALUE			<input checked="" type="checkbox"/>			
COINSURANCE		<input checked="" type="checkbox"/>				If YES, %
EQUIPMENT BREAKDOWN (If Applicable)		<input checked="" type="checkbox"/>				If YES, LIMIT: 10,000 DED:
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg		<input checked="" type="checkbox"/>				If YES, LIMIT: Combined Above DED:
- Demolition Costs		<input checked="" type="checkbox"/>				If YES, LIMIT: 1,000,000 DED:
- Incr. Cost of Construction		<input checked="" type="checkbox"/>				If YES, LIMIT: Combined Above DED:
EARTH MOVEMENT (If Applicable)		<input checked="" type="checkbox"/>				If YES, LIMIT: 25,000,000 DED: 100,000
FLOOD (If Applicable)		<input checked="" type="checkbox"/>				If YES, LIMIT: 25,000,000 DED: 250,000
WIND / HAIL INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:		<input checked="" type="checkbox"/>				If YES, LIMIT: Policy Limit DED: 10,000
NAMED STORM INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:		<input checked="" type="checkbox"/>				If YES, LIMIT: Policy Limit DED: 2%
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS						

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

ADDITIONAL INTEREST

<input type="checkbox"/> CONTRACT OF SALE <input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE	LENDER SERVICING AGENT NAME AND ADDRESS
NAME AND ADDRESS Informational Purposes Only		AUTHORIZED REPRESENTATIVE  Marsh Wortham, a division of Marsh USA, Inc.

© 2003-2015 ACORD CORPORATION. All rights reserved.

ACORD 28 (2016/03)

The ACORD name and logo are registered marks of ACORD



ADDITIONAL REMARKS SCHEDULE

AGENCY Marsh Wortham,		NAMED INSURED 2016 Main Owners Association, Inc. 2016 Main Street Houston TX 77002	
POLICY NUMBER See Above			
CARRIER Affiliated FM Insurance Company	NAIC CODE	EFFECTIVE DATE: 11/15/2019	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 28 FORM TITLE: Evidence of Commercial Property (03/16)

ADDITIONAL INTEREST: Informational Purposes Only

ADDRESS:

LLOYD'S (NAMED WINDSTORM ONLY) and Flood Deductible Buy Down Only
 Policy Number: UP1902116LS
 2016 Main Street, Houston, TX 77002

-To Pay the difference between
 3% of the combined value of property and annual business interruption value that would have been earned at the time such loss or damage at the location where loss or damage occurs plus that proportion of the 100% business interruption values at all other locations where business interruption loss ensues, in accordance with the valuation and business interruption of the original policy wording, subject to a minimum deductible amount of \$100,000 per location

and
 2% of the combined value of property and annual business interruption value that would have been earned at the time such loss or damage at the location where loss or damage occurs plus that proportion of the 100% business interruption values at all other locations where business interruption loss ensues, in accordance with the valuation and business interruption of the original policy wording

Subject to a maximum recoverable of \$1,183,120 any one occurrence

Section 2 (Flood): Difference Between \$100,000 per occurrence and \$10,000 per occurrence. Difference between \$250,000 deductible and \$100,000 deductible will be self-insured by the insured.

Maximum Recoverable \$90,000 per occurrence; \$180,000 in the annual Aggregate

\$25,000 Water Damage Deductible

This certificate does not amend, extend, or alter the coverage afforded by the policy.