



CONDOMINIUM RESALE CERTIFICATE

(Section 82.157, Texas Property Code)



Condominium Certificate concerning Condominium Unit 1804 in Building 1, of 1 2016 MAIN CONDOMINIUMS, a condominium project, located at 2016 MAIN ST. 77002 (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 \$ 1,036.¹² 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 \$ 193,440.
- F. Reserves for capital expenditures are \$ 355,858; of this amount \$ 193,440 has been designated for RENOVATIONS, Gym Expansion, Infrastructure.
- 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: _____.
- 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 MANAGEMENT (Name of Agent)
9555 W. SAM HOUSTON PKWY, #250 HOUSTON, TX 77099 (Mailing Address)
713-659-1801 (Phone) 713-650-8957 (Fax)
2016hoamanager@sbcglobal.net (E-mail Address)

*declarations still require homeowners insurance for each owned unit. (AB)

2016 MAIN ST., HOUSTON, TX 77002

(Address of Property)

O. Association fees resulting from the transfer of the unit described above:

Description	Paid To	Amount
1 st Month Assessments	2016 Main H.O.A.	\$ 1,036.12
Document Fee	2016 main H.O.A.	\$ 100.00
Move In Fee	2016 Main H.O.A.	\$ 200.00

P. Required contribution, if any, to the capital reserves account \$ 1,036.12

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

Date: 8/2/21

Mailing Address: 2016 MAIN ST., HOUSTON, TX 77002

E-mail: 2016hoamanager@sbcglobal.net



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2016 MAIN OWNERS ASSOCIATION, INC.

2021 BUDGET SUMMARY

PAYROLL SALARIES	\$713,911
PAYROLL BENEFITS	\$195,407
ADMINISTRATIVE EXPENSE	\$165,850
CONTRACT SERVICE	\$524,788
MAINTENANCE/REPAIRS	\$221,055
UTILITIES	\$474,843
MANAGEMENT	\$46,596
TAXES	\$1,100
INSURANCE	\$300,000
RESERVES	\$318,000
OTHER	\$63,300
TOTAL	\$3,024,850
OTHER INCOME (LAUNDRY & GUEST ROOM)	\$70,290
TOTAL ADJUSTED EXPENSES	\$2,954,560
TOTAL ASSESSMENT	\$2,954,560



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)
11/12/2020

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. 2929 Allen Parkway Houston, TX 77019 Marsh Wortham, a division of Marsh USA, Inc. www.marsh.com PHONE (A/C No Ext): 713 528 3366	COMPANY NAME AND ADDRESS Affiliated FM Insurance Company NAIC NO: 10014 02919-0750 IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH
FAX (A/C, No): 713-521-1951 E-MAIL ADDRESS: CODE: AGENCY CUSTOMER ID #: 102016MAIN NAMED INSURED AND ADDRESS: 2016 Main Owners Association, Inc. 2016 Main Street Houston TX 77002 ADDITIONAL NAMED INSURED(S):	POLICY TYPE: Commercial Property LOAN NUMBER: EFFECTIVE DATE: 11/15/2020 EXPIRATION DATE: 11/15/2021 POLICY NUMBER: 1075199 CONTINUED UNTIL TERMINATED IF CHECKED 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	SPECIAL	DED:
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE:	\$ 118,362,000				DED: 25,000
<input type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE					Actual Loss Sustained, # of months:
BLANKET COVERAGE		✓			If YES, indicate value(s) reported on property identified above: \$
TERRORISM COVERAGE		✓			Attach Disclosure Notice / DEC
IS THERE A TERRORISM-SPECIFIC EXCLUSION?					
IS DOMESTIC TERRORISM EXCLUDED?		✓			
LIMITED FUNGUS COVERAGE		✓			DED:
FUNGUS EXCLUSION (If "YES", specify organization's form used)		✓			
REPLACEMENT COST		✓			
AGREED VALUE			✓		
COINSURANCE		✓			If YES, %
EQUIPMENT BREAKDOWN (If Applicable)		✓			If YES, LIMIT: Included DED: 25,000
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg		✓			If YES, LIMIT: Combined Above DED:
- Demolition Costs		✓			If YES, LIMIT: 1,000,000 DED:
- Incr. Cost of Construction		✓			If YES, LIMIT: Combined Above DED:
EARTH MOVEMENT (If Applicable)		✓			If YES, LIMIT: 25,000,000 DED: 100,000
FLOOD (If Applicable)		✓			If YES, LIMIT: 25,000,000 DED: 500,000
WIND / HAIL INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:		✓			If YES, LIMIT: Policy Limit DED: 25,000
NAMED STORM INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:		✓			If YES, LIMIT: Policy Limit DED: 3%
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 NAME AND ADDRESS: Informational Purposes Only	<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE LENDER SERVICING AGENT NAME AND ADDRESS: AUTHORIZED REPRESENTATIVE:  Marsh Wortham, a division of Marsh USA, Inc.
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