



CONDOMINIUM RESALE CERTIFICATE (Section 82.157, Texas Property Code)



Condominium Certificate concerning Condominium Unit 2209 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 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 \$ 250.90 per month.

C. There 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 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 \$ 355,850; 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 not any suits pending against the Association. The nature of the suits is.

J. The Association 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 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 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. (Signature)

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
<u>1st Month Assessments</u>	<u>2016 Main H.O.A.</u>	<u>\$ 250.90</u>
<u>Document Fee</u>	<u>2016 Main H.O.A.</u>	<u>\$ 100.00</u>
<u>Move In Fee</u>	<u>2016 Main H.O.A.</u>	<u>\$ 200.00</u>

P. Required contribution, if any, to the capital reserves account \$ \$ 250.90


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: 

Name: GARY BERNARD

Title: General Manager

Date: 8/11/2021

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

E-mail: 2016 hoamanager@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. 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. This form replaces TREC No. 32-3.



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.) 713 526 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)	SUB CODE:	POLICY TYPE Commercial Property	LOAN NUMBER POLICY NUMBER 1075199
		EFFECTIVE DATE 11/15/2020	EXPIRATION DATE 11/15/2021
		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
		YES NO N/A			
<input type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE					If YES, LIMIT: 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		✓			If YES, LIMIT: 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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/24/2020

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 2929 Allen Parkway Houston, TX 77019 www.marsh.com INSURED 2016 Main Owners Association c/o Oak Leaf Management 9555 W. Sam Houston Parkway South Suite 250 Houston TX 77099	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:													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Philadelphia Indemnity Insurance Company</td> <td>18058</td> </tr> <tr> <td>INSURER B: Great American Alliance Insurance Co</td> <td>26832</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>	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:
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COVERAGES **CERTIFICATE NUMBER:** 58745733 **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 INSD	SUBR 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 <input type="checkbox"/> OTHER			PHPK2206595	11/15/2020	11/15/2021	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"/> 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			PHPK2206595	11/15/2020	11/15/2021	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	12/14/2020	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 Products/Comp Opns \$10,000,000 PER STATUTE OTH-ER
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER For Informational Purposes Only	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.
	AUTHORIZED REPRESENTATIVE  Marsh Wortham, a division of Marsh USA, Inc.

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