



**SUBDIVISION INFORMATION, INCLUDING
RESALE CERTIFICATE FOR PROPERTY SUBJECT TO
MANDATORY MEMBERSHIP IN A PROPERTY OWNERS' ASSOCIATION**
(Chapter 207, Texas Property Code)

Resale Certificate concerning the Property (including any common areas assigned to the Property) located at 8276 Heartfield Lane (Street Address), City of Beaumont, County of Jefferson, Texas, prepared by the property owners' association (Association).

A. The Property is is not subject to a right of first refusal (other than a right of first refusal prohibited by statute) or other restraint contained in the restrictions or restrictive covenants that restricts the owner's right to transfer the owner's property.

B. The current regular assessment for the Property is \$ 70.00 per month.

C. A special assessment for the Property due after this resale certificate is delivered is \$ -0- payable as follows _____ for the following purpose: _____.

D. The total of all amounts due and unpaid to the Association that are attributable to the Property is \$ 70.00 (October 2021).

E. The capital expenditures approved by the Association for its current fiscal year are \$ -0-.

F. The amount of reserves for capital expenditures is \$ 10,000.00.

G. Unsatisfied judgments against the Association total \$ -0-.

H. Other than lawsuits relating to unpaid ad valorem taxes of an individual member of the association, there are are not any suits pending in which the Association is a party. The style and cause number of each pending suit is: _____.

I. The Association's board has actual knowledge has no actual knowledge of conditions on the Property in violation of the restrictions applying to the subdivision or the bylaws or rules of the Association. Known violations are: _____.

J. The Association has has not received notice from any governmental authority regarding health or building code violations with respect to the Property or any common areas or common facilities owned or leased by the Association. A summary or copy of each notice is attached.

K. The amount of any administrative transfer fee charged by the Association for a change of ownership of property in the subdivision is \$ 50.00. Describe all fees associated with the transfer of ownership (include a description of each fee, to whom each fee is payable and the amount of each fee). _____

Transfer Fee of \$50.00 payable to: The Bookkeeper, 8104 Heartfield Lane, Beaumont, TX 77706

L. The Association's managing agent is Board of Directors
(Name of Agent)
PO Box 12438, Beaumont, TX 77726
(Mailing Address)
409-866-3073 n/a
(Telephone Number) (Fax Number)
wbode@gt.rr.com
(E-mail Address)

M. The restrictions do do not allow foreclosure of the Association's lien on the Property for failure to pay assessments.
REQUIRED ATTACHMENTS:

1. Restrictions
2. Rules
3. Bylaws
4. Current Balance Sheet
5. Current Operating Budget
6. Certificate of Insurance concerning Property and Liability Insurance for Common Areas and Facilities
7. Any Governmental Notices of Health or Housing Code Violations

NOTICE: This Subdivision Information may change at any time.

Beaumont West Home Owners Association

Name of Association

By: Liz Bode
Print Name: Liz Bode
Title: Treasurer
Date: October 14, 2021
Mailing Address: 8104 Heartfield Lane, Beaumont, TX 77706
E-mail: lizbode@sbcglobal.net

This form has been approved by the Texas Real Estate commission for use only with similarly approved or promulgated contract forms. No representation is made as to the legal validity or adequacy of any provision in any specific transaction. Texas Real Estate Commission, P.O. Box 12188, Austin, TX 78711-2188, 512-936-3000 (<http://www.trec.texas.gov>) TREC No. 37-5. This form replaces TREC No. 37-4.

9:41 AM

10/14/21

Cash Basis

BMT WEST HOME OWNERS ASSOC.

Balance Sheet

As of October 14, 2021

	<u>Oct 14, 21</u>
ASSETS	
Current Assets	
Checking/Savings	
1 Sect 1 Capital One	50,522.28
2 Sect 2 Capital One	39,210.47
Savings Acct- Capital One	17,228.53
Total Checking/Savings	<u>106,961.28</u>
Accounts Receivable	
1A/R Section One	-1,679.62
2A/R Sections 2~5	-99.11
Total Accounts Receivable	<u>-1,778.73</u>
Total Current Assets	<u>105,182.55</u>
TOTAL ASSETS	<u><u>105,182.55</u></u>
LIABILITIES & EQUITY	
Equity	
Retained Earnings -Fund Balance	99,717.96
Net Income	5,464.59
Total Equity	<u>105,182.55</u>
TOTAL LIABILITIES & EQUITY	<u><u>105,182.55</u></u>

Beaumont West Home Owners Association
P.O. Box 12438, Beaumont, Texas 77726-2438

BEAUMONT WEST SECTION 1				Comments	BEAUMONT WEST SECTION 2 - 5				
Year 2021 Budget	2020 ACTUAL	2020 BUDGET	2021 BUDGET		Year 2021 Budget	2020 Actual	2020 Budget	2021 Budget	Comments
INCOME					INCOME				
MAINTENANCE FEES	65454.00	67200.00	67200.00	80 houses at \$70.00/month	MAINTENANCE FEES	12378.73	12600.00	12600.00	168 houses at \$75/year
INTEREST COLLECTED	141.26	75.00	75.00		INTEREST COLLECTED	260.80	200.00	200.00	
SAVINGS INTEREST	17.15	20.00	20.00		SAVINGS INTEREST	0.00	0.00	0.00	
TOTAL INCOME	65612.41	67295.00	67295.00		TOTAL INCOME	12639.53	12800.00	12800.00	
EXPENSES					EXPENSES				
DEPRIS REMOVAL					BOOKKEEPING	907.00	800.00	1000.00	
BOOKKEEPING	3112.00	3100.00	3100.00		COLLECTION EXPENSES	(1176.06)	2800.00	2800.00	
PROPERTY TAXES (rec area**)	170.69	175.00	175.00		INSURANCE **	4395.25	4500.00	4500.00	
COLLECTION EXPENSES	379.51	700.00	600.00		LAWN MAINT (Rec. area only) **	4005.96	4000.00	4000.00	
INSURANCE **	2068.35	2100.00	2100.00		IMPROVE REC. AREA **		500.00	500.00	
LAWN MAINT(rec area**)	19614.13	19700.00	19700.00		REC. AREA PROPERTY TAX**	27.51	30.00	30.00	
PAINTING	23170.00	29475.00	24000.00		LEGAL - NET OF REPMTS		500.00	100.00	
REPAIR	274.76	4000.00	7000.00		MEETING EXPENSE **		20.00	20.00	
LEGAL - NET OF REPMTS	0.00	500.00	100.00		OFFICE SUPPLIES	63.99	150.00	100.00	
MEETING EXPENSE**	0.00	15.00	15.00		POSTAGE	418.40	450.00	450.00	
OFFICE SUPPLIES	172.26	300.00	300.00		UTILITIES	210.98	250.00	250.00	
POSTAGE	481.60	750.00	600.00						
TRASH EXPENSE	10036.84	10000.00	10000.00						
UTILITIES	1251.87	1500.00	1400.00						
TOTAL EXPENSES	60732.01	72315.00	69090.00		TOTAL EXPENSES	8853.03	14000.00	13750.00	
NET INCOME (LOSS)	4880.40	(5020.00)	(1795.00)		NET INCOME (LOSS)	3786.50	(1200.00)	(950.00)	
Accounts Receivable 12/31/20	6100.29				Accounts Receivable 12/31/20	(41.14)			
Bank Accounts 12/31/20	67630.21				Checking Account 12/31/20	32861.89			

** Expenses split between Section 1 and Sections 2 - 5 based on the percent of homes in each area.

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/04/20

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 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
BRAUD, VAUGHN & WILLIAMSON INS AGENCY, LLC
 PO Box 5389
 Beaumont, TX 77726

CONTACT NAME: **Pamela Anding**
 PHONE (A/C, No, Ext): **(409) 833-8621** FAX (A/C, No): **(409) 833-0310**
 E-MAIL ADDRESS:

INSURED
Beaumont West Homeowners Association
 PO Box 12438
 Beaumont, TX 77726


INSURER(S) AFFORDING COVERAGE	NAIC#
INSURER A: Scottsdale Insurance	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

COVERAGES CERTIFICATE NUMBER: 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.

TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			CPS7263747	11/09/2020	11/09/2021	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
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER For Insured's Purpose	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 
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