



CONDOMINIUM RESALE CERTIFICATE

(Section 82.157, Texas Property Code)



Condominium Certificate concerning Condominium Unit 2305, in Building 1, of 1 2016 MAIN CONDOMINIUMS, a condominium project, located at 2016 Main Street (Address), City of HOUSTON (77002), 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 \$ 742.98 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 \$ 458,000.

F. Reserves for capital expenditures are \$ 681,560; of this amount \$ 140,000 has been designated for garage & pool deck repairs.

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 Na 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)

* 2016 MAIN CONDOMINIUMS DECLARATIONS HAVE A REQUIREMENT FOR ALL HOMEOWNERS TO HAVE THEIR OWN INSURANCE COVERAGE

2016 MAIN STREET, 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 HOA</u>	<u>\$742.98</u>
<u>Document Fee</u>	<u>2016 Main HOA</u>	<u>\$100.00</u>
<u>Move In Fee</u>	<u>2016 Main HOA</u>	<u>\$200.00</u>
		<u>\$742.98</u>

P. Required contribution, if any, to the capital reserves account \$ 742.98

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.

Name of Association

By: _____

Name: GARY BERNARD

Title: General Manager

Date: _____

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

E-mail: 2016hoamanager@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.

2022 BUDGET SUMMARY

PAYROLL SALARIES AND BENEFITS	\$800,075
ADMINISTRATIVE EXPENSE	\$185,430
BLDG SECURITY/CLEANING	\$356,412
CONTRACT SERVICE	\$344,864
MAINTENANCE/REPAIRS	\$202,735
UTILITIES	\$478,112
MANAGEMENT	\$46,596
TAXES	\$1,100
INSURANCE	\$268,800
RESERVES	\$413,640
OTHER	\$0
TOTAL	\$3,097,764
OTHER INCOME (LAUNDRY & GUEST ROOM)	\$66,990
TOTAL ADJUSTED EXPENSES	\$3,030,774
TOTAL ASSESSMENT	\$3,030,774



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)
01/03/2022

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 USA Inc 2929 Allen Parkway Suite 2500 Houston TX 77019 CN131841846-Prop-21-22		PHONE (A/C, No Ext) 	COMPANY NAME AND ADDRESS Affiliated FM Insurance Company 	NAIC NO
FAX (A/C, No): 		E-MAIL ADDRESS: 	IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH	
CODE: 	SUB CODE: 	POLICY TYPE Prop		
AGENCY CUSTOMER ID #: 		LOAN NUMBER 	POLICY NUMBER 1091915	
NAMED INSURED AND ADDRESS 2016 Main Owners Association, Inc 2016 Main Street c/o Oak Leaf Management 9555 W Sam Houston Pkwy S Ste 250 Houston, TX 77099-2145		EFFECTIVE DATE 11/15/2021	EXPIRATION DATE 11/15/2022	CONTINUED UNTIL TERMINATED IF CHECKED <input type="checkbox"/>
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
Re: Evidence of insurance

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	3
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		X			If YES, LIMIT:	Actual Loss Sustained; # of months:	
BLANKET COVERAGE		X			If YES, indicate value(s) reported on property identified above: \$		
TERRORISM COVERAGE			X		Attach Disclosure Notice / DEC		
IS THERE A TERRORISM-SPECIFIC EXCLUSION?			X				
IS DOMESTIC TERRORISM EXCLUDED?			X				
LIMITED FUNGUS COVERAGE		X			If YES, LIMIT:	DED:	
FUNGUS EXCLUSION (If "YES", specify organization's form used)		X					
REPLACEMENT COST				X			
AGREED VALUE				X			
COINSURANCE			X		If YES, %		
EQUIPMENT BREAKDOWN (If Applicable)		X			If YES, LIMIT:	DED:	
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg		X			If YES, LIMIT: Combined	DED:	
- Demolition Costs		X			If YES, LIMIT: 1,000,000	DED:	
- Incr. Cost of Construction		X			If YES, LIMIT: Combined	DED:	
EARTH MOVEMENT (If Applicable)		X			If YES, LIMIT: 25,000,000	DED: 100,000	
FLOOD (If Applicable)		X			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:		X			If YES, LIMIT: Policy Limit	DED: 25,000	
NAMED STORM INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:		X			If YES, LIMIT: Policy Limit	DED: 3%	
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS				X			

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 HOU-003875962-01		<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 For Informational Purposes Only 2016 Main Owners Association Inc 2016 Main Street c/o Oak Leaf Management 9555 W Sam Houston Pkwy S, Ste 250 Houston, TX 77099-2145		AUTHORIZED REPRESENTATIVE <i>Marsh USA Inc.</i>			

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/03/2022

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 USA Inc 2929 Alien Parkway Suite 2500 Houston, TX 77019 CN131841846--cas-21-22	CONTACT NAME: _____ PHONE (A/C, No, Ext): _____ E-MAIL ADDRESS: _____ FAX (A/C, No): _____													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A : Philadelphia Indemnity Insurance Company</td> <td>18058</td> </tr> <tr> <td>INSURER B : N/A</td> <td>N/A</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> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Philadelphia Indemnity Insurance Company	18058	INSURER B : N/A	N/A	INSURER C : _____		INSURER D : _____		INSURER E : _____		INSURER F : _____
INSURER(S) AFFORDING COVERAGE	NAIC #													
INSURER A : Philadelphia Indemnity Insurance Company	18058													
INSURER B : N/A	N/A													
INSURER C : _____														
INSURER D : _____														
INSURER E : _____														
INSURER F : _____														
INSURED 2016 Main Owners Association Inc 2016 Main Street c/o Oak Leaf Management 9555 W Sam Houston Pkwy S, Ste 250 Houston, TX 77099-2145														

COVERAGES **CERTIFICATE NUMBER:** HOJ-003875961-01 **REVISION NUMBER:** 4

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 type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER: _____			PHPK2348195	11/15/2021	11/15/2022	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			PHPK2348195	11/15/2021	11/15/2022	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB792740	12/15/2021	11/15/2022	EACH OCCURRENCE	\$ 3,000,000
							AGGREGATE	\$ 3,000,000
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE	OTH-ER
							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)
 Re: Evidence of insurance

CERTIFICATE HOLDER For Informational Purposes Only 2016 Main Owners Association Inc 2016 Main Street c/o Oak Leaf Management 9555 W Sam Houston Pkwy S, Ste 250 Houston, TX 77099-2145	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 <i>Marsh USA Inc.</i>
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