

DISCLOSURE STATEMENT

as at 22 October 2018

Body Corporate	Name of Scheme:	EMERALD SPRINGS
	Community Titles Scheme No:	19137
	Lot Number:	30
	Plan Number:	GTP103889

Secretary	Name	Lynn Liniger
	Address	Unit 22 'Emerald Springs' 1 Poinsettia Court Mooloolaba QLD 4557
	Telephone	
		Facsimile

Body Corporate Manager	Name	Sunstate Strata Pty Ltd
	Address	PO Box 9195 Pacific Paradise QLD 4564
	Telephone	07 5450 5300
		Facsimile 07 5450 6700

Contributions and Levies	Levies Determined by the Body Corporate for this Lot				
	Administrative Fund	Amount	Due Date	Discount	If paid by
	01/07/18 to 30/09/18	\$698.00	01/08/18	Nil	01/08/18
	01/10/18 to 31/12/18	\$698.00	01/11/18	Nil	01/11/18
	01/01/19 to 31/03/19	\$698.00	01/02/19	Nil	01/02/19
	01/04/19 to 30/06/19	\$698.00	01/05/19	Nil	01/05/19
	01/07/19****30/09/19	\$705.00	01/08/19	Nil	01/08/19
	Sinking Fund				
	01/07/18 to 30/09/18	\$270.00	01/08/18	Nil	01/08/18
	01/10/18 to 31/12/18	\$270.00	01/11/18	Nil	01/11/18
	01/01/19 to 31/03/19	\$270.00	01/02/19	Nil	01/02/19
	01/04/19 to 30/06/19	\$270.00	01/05/19	Nil	01/05/19
	01/07/19****30/09/19	\$278.00	01/08/19	Nil	01/08/19

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Improvements on
Common
Property for
which Buyer will
be Responsible

DISCLOSURE STATEMENT (continued)

Body Corporate
Assets Required to
be Recorded on
Register

There are no assets required to be recorded.

Committee

Information
prescribed under
Regulation
Module

Nil

Signing

Seller/Sellers Agent

Witness

Date

Buyers
Acknowledgement

The Buyer acknowledges having received and read this statement from the Seller before entering into the contract.

Buyer

Witness

Date

Additional Information

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Lot Entitlements and Other Matters	Interest Schedule	Aggregate	38	Entitlement of Lot	1
	Contribution Schedule	Aggregate	38	Entitlement of Lot	1
	Balance of Sinking fund at end of last Financial Year		162,336.98	as at	30/06/18
	Insurance Levies not included in Administrative Fund Levies:				
	Monetary Liability under Exclusive Use By-Law				

Insurance	Type	Company	Policy No	Sum Insured	Due Date
	BUILDING	CHU Underwriting Agencies	HU0024511	22,058,545	12/07/19
	BUILDING CATASTROHPE	CHU Underwriting Agencies	HU0024511	6,617,563	12/07/19
	FIDELITY GUARANTEE	CHU Underwriting Agencies	HU0024511	100,000	12/07/19
	OFFICE BEARERS	CHU Underwriting Agencies	HU0024511	2,000,000	12/07/19
	PUBLIC LIABILITY	CHU Underwriting Agencies	HU0024511	20,000,000	12/07/19
	VOLUNTARY WORKERS	CHU Underwriting Agencies	HU0024511	2,000/200,000	12/07/19

Mortgages or Securities over Body Corporate Assets	Nil
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Additional Information (continued)

Body Corporate

Name of Scheme:

EMERALD SPRINGS

Community Titles Scheme No:

19137

Lot Number:

30

Plan Number:

GTP103889

Latent or Patent
Defects in
Common
Property or Body
Corporate Assets

Actual or
Contingent or
Expected
Liabilities of Body
Corporate

Circumstances in
Relation to
Affairs of the
Body Corporate

Exceptions to
Statements in
Clause 7.4(2)

CONTRACTS REGISTER

EMERALD SPRINGS CTS 19137

Contractor Name and Address Sunstate Strata Pty Ltd PO Box 9195 Marcoola Q 4564	Details of Duties Refer first schedule of Management Agreement	Delegated Powers Refer Management Agreement	Basis of Remuneration Refer second schedule of Management Agreement
Commencement Date Term of Contract Options Copy of Agreement on File Workers Comp No	15/09/18 One Year Further 2 1 Yr Option Y	Termination Date Finance Name of Financier Date of Advice from Financier Date of Withdrawal of Financier	15/09/21
Contractor Name and Address Buitendah management Pty Ltd Unit 1, Emerald Springs 1 Poinsettia Court MOOLOOLABA 4557	Details of Duties Refer Caretaking and Letting Agreement	Delegated Powers	Basis of Remuneration Refer Caretaking and Letting Agreement
Commencement Date Term of Contract Options Copy of Agreement on File Workers Comp No	01/07/13 Five years One further 5 year from 1/7/18 Y	Termination Date Finance Name of Financier Date of Advice from Financier Date of Withdrawal of Financier	30/06/26
Contractor Name and Address	Details of Duties	Delegated Powers	Basis of Remuneration
Commencement Date Term of Contract Options Copy of Agreement on File Workers Comp No		Termination Date Finance Name of Financier Date of Advice from Financier Date of Withdrawal of Financier	
Contractor Name and Address	Details of Duties	Delegated Powers	Basis of Remuneration
Commencement Date Term of Contract Options Copy of Agreement on File Workers Comp No		Termination Date Finance Name of Financier Date of Advice from Financier Date of Withdrawal of Financier	
Contractor Name and Address	Details of Duties	Delegated Powers	Basis of Remuneration
Commencement Date Term of Contract Options Copy of Agreement on File Workers Comp No		Termination Date Finance Name of Financier Date of Advice from Financier Date of Withdrawal of Financier	