#### Body Corporate and Community Management Act 1997 Section 206

## INFORMATION FOR DISCLOSURE STATEMENT

### as at 18th March 2022

Body Corporate Name of Scheme: NORMA VISTA

Community Titles Scheme No: 41487

Lot Number: SP234168

Secretary Name Mr Liam C Blake

Address 1/44 Norman Drive

**CHERMSIDE QLD 4032** 

Telephone Facsimile

Body Corporate Name Bright & Duggan (QLD) Pty Ltd

Manager Address Level 1 Suite 2

193 Ferry Road SOUTHPORT OLD 4215

Telephone 5532 1900 Facsimile 5531 2029

Contributions Levies Determined by the Body Corporate for this Lot

Administrative Fund Amount Due Date Discount If paid by 01/06/21 to 31/08/21 \$300.00 01/06/21 Nil 01/06/21 \$300.00 01/09/21 01/09/21 01/09/21 to 30/11/21 Nil 01/12/21 01/12/21 01/12/21 to 28/02/22 \$600.00 Nil 01/03/22 to 31/05/22 \$600.00 01/03/22 Nil 01/03/22 01/06/22\*\*\*\*31/08/22 \$450.00 01/06/22 Nil 01/06/22 01/09/22\*\*\*\*30/11/22 01/09/22 01/09/22 \$450.00 Nil Sinking Fund 01/06/21 to 31/08/21 \$375.00 01/06/21 Nil 01/06/21 01/09/21 to 30/11/21 \$375.00 01/09/21 Nil 01/09/21 01/12/21 to 28/02/22 \$225.00 01/12/21 Nil 01/12/21 01/03/22 01/03/22 to 31/05/22 \$225.00 01/03/22 Nil 01/06/22\*\*\*\*31/08/22 01/06/22 \$300.00 01/06/22 Nil 01/09/22\*\*\*\*30/11/22 \$300.00 01/09/22 Nil 01/09/22

LEGAL OR RECOVERY COSTS ACCRUING

Body Corporate Name of Scheme: NORMA VISTA

Community Titles Scheme No: 41487

Lot Number: SP234168

Improvements on Common Property for which Buyer will be Responsible

and Levies

See annexure Register of Authorisations Affecting Common Property

## Body Corporate and Community Management Act 1997 Section 206

## INFORMATION FOR DISCLOSURE STATEMENT (continued)

| Body Corporate<br>Assets Required to<br>be Recorded on<br>Register | There are no assets required to be recorde  | d.                             |
|--|---|--------------------------------|
| Committee  |   |                                |
| Information<br>prescribed under<br>Regulation<br>Module            | Nil   |                                |
| Signing  | Seller/Sellers Agent 19-03-2022   | Witness                        |
|  | Date  |                                |
| Buyers<br>Acknowledgement  | The Buyer acknowledges having received an Seller before entering into the contract. | d read this statement from the |
|  | Buyer   | Witness                        |
|  |   |                                |
|  | Date  |                                |

## **Additional Information**

Name of Scheme: **NORMA VISTA Body Corporate** Community Titles Scheme No: 41487 Lot Number: Plan Number: 5 SP234168 Interest Schedule Aggregate Entitlement of Lot Lot Entitlements 5 1 and Other Matters Contribution Schedule Aggregate Entitlement of Lot 5 1 Balance of Sinking fund at end 59,854.54 31/05/21 of last Financial Year as at Insurance Levies not included in Administrative Fund Levies: Monetary Liability under Not applicable (TS)

| Insurance | Туре                 | Company                           | Policy No | Sum Insured  | Due Date |
|-----------|----------------------|-----------------------------------|-----------|--------------|----------|
|           | BUILDING             | <b>Axis Underwriting Services</b> | P005632   | 2,441,323    | 16/03/22 |
|           | PUBLIC LIABILITY     | <b>Axis Underwriting Services</b> | P005632   | 20,000,000   | 16/03/22 |
|           | OFFICE BEARERS       | <b>Axis Underwriting Services</b> | P005632   | 1,000,000    | 16/03/22 |
|           | VOLUNTARY WORKERS    | <b>Axis Underwriting Services</b> | P005632   | 200,000      | 16/03/22 |
|           | FIDELITY GUARANTEE   | <b>Axis Underwriting Services</b> | P005632   | 100,000      | 16/03/22 |
|           | LOSS OF RENT         | <b>Axis Underwriting Services</b> | P005632   | 366,198      | 16/03/22 |
|           | COMMON AREA CONTENTS | <b>Axis Underwriting Services</b> | P005632   | 24,413       | 16/03/22 |
|           | BUILDING CATASTROPHE | <b>Axis Underwriting Services</b> | P005632   | 732,397      | 16/03/22 |
|           | GOV. AUDIT COSTS     | <b>Axis Underwriting Services</b> | P005632   | 25,000       | 16/03/22 |
|           | APPEAL EXPENSES      | <b>Axis Underwriting Services</b> | P005632   | 100,000      | 16/03/22 |
|           | LEGAL DEFENCE EXP    | <b>Axis Underwriting Services</b> | P005632   | 50,000       | 16/03/22 |
|           | FLOATING FLOORS      | <b>Axis Underwriting Services</b> | P005632   | Not Selected | 16/03/22 |

Mortgages or Securities over Body Corporate Assets Nil

Exclusive Use By-Law

## Additional Information (continued)

**Body Corporate** 

Name of Scheme: NORMA VISTA

Community Titles Scheme No: 41487

Lot Number: SP234168

Latent or Patent Defects in Common Property or Body Corporate Assets This certificate only relates to the statements under Section 206 that the seller must give, it should also be noted that the seller is also required to warrant certain matters relative to defects liability under Section 223, this certificate does not extend to Section 223

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)

Page No. 1 Date: 18/03/22

# Register Of Authorisations Affecting Common Property NORMA VISTA CTS 41487

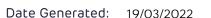
| Lot No | Date of Resolution | Authority Given To | Description of Area     | Conditions |
|--------|--------------------|--------------------|-------------------------|------------|
| 5      | 11/06/10           | Lot Owner          | Area E on plan marked B | See by law |
|        |                    |                    |                         |            |
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Page No. 1 Date: 18/03/22

## CONTRACTS REGISTER NORMA VISTA CTS 41487

| Contractor Name and Address Bright & Duggan (QLD) Pty Ltd Suite 2, Level 1 193 Ferry Road SOUTHPORT QLD 4215 | Details of Duties  Administration | Delegated Powers                | Basis of Remuneration Quarterly in Advance/\$165.00 per Lot excl GST |
|--|-----------------------------------|---------------------------------|--|
| Commencement Date  | 29/08/2021                        | Termination Date                | 31/08/2024   |
| Term of Contract   | Three (3) Years                   | Fina                            |  |
| Options  | l ' '                             | Name of Financier               |  |
| Copy of Agreement on File  | Y                                 | Date of Advice from Financier   |  |
| Workers Comp No  |                                   | Date of Withdrawal of Financier |  |
| Contractor Name and Address AGL  | Details of Duties                 | Delegated Powers                | Basis of Remuneration 25% off DMO                                    |
| Commencement Date  | 1/07/2020                         | Termination Date                |  |
| Term of Contract   | 2 years                           | Fina                            | ance   |
| Options  | opt out at any time               | Name of Financier               |  |
| Copy of Agreement on File  |                                   | Date of Advice from Financier   |  |
| Workers Comp No  |                                   | Date of Withdrawal of Financier |  |
| Contractor Name and Address  | Details of Duties                 | Delegated Powers                | Basis of Remuneration  |
| Commencement Date  |                                   | Termination Date                |  |
| Term of Contract   |                                   | Fina                            | ance   |
| Options  |                                   | Name of Financier               |  |
| Copy of Agreement on File  |                                   | Date of Advice from Financier   |  |
| Workers Comp No  |                                   | Date of Withdrawal of Financier |  |
| Contractor Name and Address  | Details of Duties                 | Delegated Powers                | Basis of Remuneration  |
| Commencement Date  |                                   | Termination Date                |  |
| Term of Contract   |                                   | Fina                            | ance   |
| Options  |                                   | Name of Financier               |  |
| Copy of Agreement on File  |                                   | Date of Advice from Financier   |  |
| Workers Comp No  |                                   | Date of Withdrawal of Financier |  |
| Contractor Name and Address  | Details of Duties                 | Delegated Powers                | Basis of Remuneration  |
| Commencement Date  |                                   | Termination Date                |  |
| Term of Contract   |                                   | Fina                            | nnce   |
| Options  |                                   | Name of Financier               |  |
| Copy of Agreement on File  |                                   | Date of Advice from Financier   |  |
| Workers Comp No  |                                   | Date of Withdrawal of Financier |  |

## **CERTIFICATE OF COMPLETION**





#### **Document Details**

**Subject:** SignAnything - Disclosure Statement - 5.44 Norman

Document Pages: 6 Exchanged by: Not Applicable

Certificate Pages: 1 Exchange Date: Not Applicable

Status: Signed No. of Signatures: 1

### Signature Logs

Signer: Matt Phillips

Email Address: matt@imageproperty.com.au

Status: Signed IP Address: Supervised By:

Email Sent Date: 19/3/2022 Signed Date: 19/3/2022 Signature:

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