

**INFORMATION FOR DISCLOSURE STATEMENT****as at 16 August 2022****Body Corporate**

Name of Scheme:

**CURRIMUNDI LAKE F/R VILLAS 3**

Community Titles Scheme No:

**28851**

Lot Number:

**144**

Plan Number:

**136738****Secretary**

Name

**Mrs TM CASH**

Address

**C/- Alpha Strata****PO Box 907****Caloundra QLD 4551**

Telephone

**07 5444 2755**

Facsimile

**07 5444 2899****Body Corporate**

Name

**ALPHA STRATA****Manager**

Address

**Shops 3 & 4****45 - 47 Minchinton Street****CALOUNDRA QLD 4551**

Telephone

**07 5444 2755**

Facsimile

**07 5444 2899****Contributions  
and Levies**

Levies Determined by the Body Corporate for this Lot

Administrative Fund

**01/05/22 to 31/08/22**

Amount

**\$966.66**

Due Date

**01/07/22**

Discount

**Nil**

If paid by

**01/07/22****01/09/22 to 31/12/22****\$1,089.17****01/11/22****Nil****01/11/22****01/01/23 to 30/04/23****\$1,089.17****01/03/23****Nil****01/03/23****01/05/23\*\*\*\*31/08/23****\$1,048.33****01/07/23****Nil****01/07/23**

Sinking Fund

**01/05/22 to 31/08/22****\$15.35****01/07/22****Nil****01/07/22****01/09/22 to 31/12/22****\$15.35****01/11/22****Nil****01/11/22****01/01/23 to 30/04/23****\$15.35****01/03/23****Nil****01/03/23****01/05/23\*\*\*\*31/08/23****\$15.35****01/07/23****Nil****01/07/23****Body Corporate**

Name of Scheme:

**CURRIMUNDI LAKE F/R VILLAS 3**

Community Titles Scheme No:

**28851**

Lot Number:

**144**

Plan Number:

**136738****Improvements on  
Common  
Property for  
which Buyer will  
be Responsible****See annexure Register of  
Authorisations Affecting  
Common Property**

INFORMATION FOR DISCLOSURE STATEMENT (continued)

Body Corporate  
Assets Required to  
be Recorded on  
Register

**There are no assets required to be recorded.**

Committee

**Yes**

Information  
prescribed under  
Regulation  
Module

**Nil**

Signing



\_\_\_\_\_  
Seller/Sellers Agent

\_\_\_\_\_  
Witness

19-08-2022

\_\_\_\_\_  
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

|   |  |                  |              |                             |
|---|--|------------------|--------------|-----------------------------|
| <b>Body Corporate</b>                     | Name of Scheme: <b>CURRIMUNDI LAKE F/R VILLAS 3</b>          |                  |              |                             |
|   | Community Titles Scheme No: <b>28851</b>                     |                  |              |                             |
|   | Lot Number:  | <b>144</b>       | Plan Number: | <b>136738</b>               |
| <b>Lot Entitlements and Other Matters</b> | Interest Schedule  | Aggregate        | <b>44</b>    | Entitlement of Lot <b>1</b> |
|   | Contribution Schedule  | Aggregate        | <b>44</b>    | Entitlement of Lot <b>1</b> |
|   | Balance of Sinking fund at end of last Financial Year        | <b>13,718.71</b> | as at        | <b>30/04/22</b>             |
|   | Insurance Levies not included in Administrative Fund Levies: |                  |              |                             |
|   | Monetary Liability under Exclusive Use By-Law                |                  |              |                             |

Note: The balance of the Sinking Fund for the Principal Scheme as at 16/08/22 is \$280,048.99

| <b>Insurance</b> | Type                  | Company                 | Policy No | Sum Insured | Due Date |
|------------------|-----------------------|-------------------------|-----------|-------------|----------|
|                  | <b>See Annexure -</b> | <b>Insurance Report</b> |           |             |          |

|   |            |
|---|------------|
| <b>Mortgages or Securities over Body Corporate Assets</b> | <b>Nil</b> |
|---|------------|

## Additional Information (continued)

Body Corporate

Name of Scheme:

**CURRIMUNDI LAKE F/R VILLAS 3**

Community Titles Scheme No:

**28851**

Lot Number:

**144**

Plan Number:

**136738**

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)

Register Of Authorisations Affecting Common Property  
**CURRIMUNDI LAKE F/R VILLAS 3 CTS 28851**

[illegible]

## INSURANCE REPORT

16 August 2022

**CURRIMUNDI LAKE F/R VILLAS 3 CTS 28851**40 Lakeside Crescent  
CURRIMUNDI QLD

|   |                                  |   |                                     |
|---|----------------------------------|---|-------------------------------------|
| Type<br><b>BUILDING</b>   | Sum Insured<br><b>62,906,177</b> | Premium<br><b>\$16,497.00</b>   | Date Last Paid<br><b>14/09/21</b>   |
| Company/Broker<br><b>Strata Community Insurance<br/>C/- NBS Insurance Brokers<br/>PO Box 2058<br/>BROOKSIDE CENTRE QLD 4053</b> | Telephone                        | Policy Number<br><b>QRSC17003955</b>  | Due Date<br><b>7 September 2022</b> |
|   | Facsimile                        | Excess/Comments<br><b>\$1,000.00 + as per policy wording<br/>\$7,500 Water Damage &amp; Burst Pipes/Storm &amp; Rainwater<br/>4 stages &amp; PBC on one policy.</b> |                                     |
|   |                                  |   |                                     |

|   |                                  |  |                                     |
|---|----------------------------------|--|-------------------------------------|
| Type<br><b>PUBLIC LIABILITY</b>   | Sum Insured<br><b>20,000,000</b> | Premium  | Date Last Paid<br><b>14/09/21</b>   |
| Company/Broker<br><b>Strata Community Insurance<br/>C/- NBS Insurance Brokers<br/>PO Box 2058<br/>BROOKSIDE CENTRE QLD 4053</b> | Telephone                        | Policy Number<br><b>QRSC17003955</b>   | Due Date<br><b>7 September 2022</b> |
|   | Facsimile                        | Excess/Comments<br><b>\$1,000.00 + as per policy wording<br/>4 stages &amp; PBC on one policy.</b> |                                     |
|   |                                  |  |                                     |

|   |                                 |  |                                     |
|---|---------------------------------|--|-------------------------------------|
| Type<br><b>OFFICE BEARERS</b>   | Sum Insured<br><b>5,000,000</b> | Premium  | Date Last Paid<br><b>14/09/21</b>   |
| Company/Broker<br><b>Strata Community Insurance<br/>C/- NBS Insurance Brokers<br/>PO Box 2058<br/>BROOKSIDE CENTRE QLD 4053</b> | Telephone                       | Policy Number<br><b>QRSC17003955</b>   | Due Date<br><b>7 September 2022</b> |
|   | Facsimile                       | Excess/Comments<br><b>\$1,000.00 + as per policy wording<br/>4 stages &amp; PBC on one policy.</b> |                                     |
|   |                                 |  |                                     |

|   |                             |  |                                     |
|---|-----------------------------|--|-------------------------------------|
| Type<br><b>MACHINERY BREAKDOWN</b>  | Sum Insured<br><b>5,000</b> | Premium  | Date Last Paid<br><b>14/09/21</b>   |
| Company/Broker<br><b>Strata Community Insurance<br/>C/- NBS Insurance Brokers<br/>PO Box 2058<br/>BROOKSIDE CENTRE QLD 4053</b> | Telephone                   | Policy Number<br><b>QRSC17003955</b>   | Due Date<br><b>7 September 2022</b> |
|   | Facsimile                   | Excess/Comments<br><b>\$1,000.00 + as per policy wording<br/>4 stages &amp; PBC on one policy.</b> |                                     |
|   |                             |  |                                     |

|   |                               |  |                                     |
|---|-------------------------------|--|-------------------------------------|
| Type<br><b>COMMON CONTENTS</b>  | Sum Insured<br><b>629,062</b> | Premium  | Date Last Paid<br><b>14/09/21</b>   |
| Company/Broker<br><b>Strata Community Insurance<br/>C/- NBS Insurance Brokers<br/>PO Box 2058<br/>BROOKSIDE CENTRE QLD 4053</b> | Telephone                     | Policy Number<br><b>QRSC17003955</b>   | Due Date<br><b>7 September 2022</b> |
|   | Facsimile                     | Excess/Comments<br><b>\$1,000.00 + as per policy wording<br/>4 stages &amp; PBC on one policy.</b> |                                     |
|   |                               |  |                                     |

|   |                                  |  |                                     |
|---|----------------------------------|--|-------------------------------------|
| Type<br><b>PERSONAL ACCID. VOL.</b>   | Sum Insured<br><b>200,000/2K</b> | Premium  | Date Last Paid<br><b>14/09/21</b>   |
| Company/Broker<br><b>Strata Community Insurance<br/>C/- NBS Insurance Brokers<br/>PO Box 2058<br/>BROOKSIDE CENTRE QLD 4053</b> | Telephone                        | Policy Number<br><b>QRSC17003955</b>   | Due Date<br><b>7 September 2022</b> |
|   | Facsimile                        | Excess/Comments<br><b>\$1,000.00 + as per policy wording<br/>4 stages &amp; PBC on one policy.</b> |                                     |
|   |                                  |  |                                     |

## INSURANCE REPORT

16 August 2022

**CURRIMUNDI LAKE F/R VILLAS 3 CTS 28851**40 Lakeside Crescent  
CURRIMUNDI QLD

|   |           |  |                                     |                                   |
|---|-----------|--|-------------------------------------|-----------------------------------|
| Type<br><b>FIDELITY GUARANTEE</b>   |           | Sum Insured<br><b>100,000</b>  | Premium                             | Date Last Paid<br><b>14/09/21</b> |
| Company/Broker<br><b>Strata Community Insurance</b><br><b>C/- NBS Insurance Brokers</b><br><b>PO Box 2058</b><br><b>BROOKSIDE CENTRE QLD 4053</b> | Telephone | Policy Number<br><b>QRSC17003955</b>   | Due Date<br><b>7 September 2022</b> |                                   |
|   | Facsimile | Excess/Comments<br><b>\$1,000.00 + as per policy wording</b><br><b>4 stages &amp; PBC on one policy.</b> |                                     |                                   |
|   |           |  |                                     |                                   |

|   |           |  |                  |                |
|---|-----------|--|------------------|----------------|
| Type  |           | Sum Insured  | Premium          | Date Last Paid |
| LOSS RENT / TEMP ACC  |           | 9,435,927  |                  | 14/09/21       |
| Company/Broker<br>Strata Community Insurance<br>C/- NBS Insurance Brokers<br>PO Box 2058<br>BROOKSIDE CENTRE QLD 4053 | Telephone | Policy Number  | Due Date         |                |
|   | Facsimile | QRSC17003955   | 7 September 2022 |                |
|   |           | Excess/Comments<br>\$1,000.00 + as per policy wording<br>4 stages & PBC on one policy. |                  |                |

|   |                |   |                         |                 |
|---|----------------|---|-------------------------|-----------------|
| Type  | Sum Insured    |   | Premium                 | Date Last Paid  |
| <b>LOT OWNERS FIXTURES</b>  | <b>300,000</b> |   |                         | <b>14/09/21</b> |
| Company/Broker<br><b>Strata Community Insurance</b><br><b>C/- NBS Insurance Brokers</b><br><b>PO Box 2058</b><br><b>BROOKSIDE CENTRE QLD 4053</b> | Telephone      | Policy Number   | Due Date                |                 |
|   |                | <b>QRSC17003955</b>   | <b>7 September 2022</b> |                 |
|   | Facsimile      | Excess/Comments   |                         |                 |
|   |                | <b>\$1,000.00 + as per policy wording</b><br><b>4 stages &amp; PBC on one policy.</b> |                         |                 |

|   |           |  |          |                |
|---|-----------|--|----------|----------------|
| Type  |           | Sum Insured  | Premium  | Date Last Paid |
| BUILDING CATASTROPHE  |           | 9,435,927  |          | 14/09/21       |
| Company/Broker<br>Strata Community Insurance<br>C/- NBS Insurance Brokers<br>PO Box 2058<br>BROOKSIDE CENTRE QLD 4053 | Telephone | Policy Number  | Due Date |                |
|   | Facsimile | Excess/Comments<br>\$1,000.00 + as per policy wording<br>4 stages & PBC on one policy. |          |                |
|   |           |  |          |                |

|   |                |                                    |                  |         |                |
|---|----------------|------------------------------------|------------------|---------|----------------|
| Type  | LEGAL EXPENSES |                                    | Sum Insured      | Premium | Date Last Paid |
|   |                |                                    | 50,000           |         | 14/09/21       |
| Company/Broker<br>Strata Community Insurance<br>C/- NBS Insurance Brokers<br>PO Box 2058<br>BROOKSIDE CENTRE QLD 4053 | Telephone      | Policy Number                      | Due Date         |         |                |
|   |                | QRSC17003955                       | 7 September 2022 |         |                |
|   | Facsimile      | Excess/Comments                    |                  |         |                |
|   |                | \$1,000.00 + as per policy wording |                  |         |                |
|   |                | 4 stages & PBC on one policy.      |                  |         |                |

|   |             |   |                  |                |
|---|-------------|---|------------------|----------------|
| Type  | Sum Insured |   | Premium          | Date Last Paid |
| GOVERNMENT AUDIT COS  | 25,000      |   |                  | 14/09/21       |
| Company/Broker<br>Strata Community Insurance<br>C/- NBS Insurance Brokers<br>PO Box 2058<br>BROOKSIDE CENTRE QLD 4053 | Telephone   | Policy Number   | Due Date         |                |
|   |             | QRSC17003955  | 7 September 2022 |                |
|   | Facsimile   | Excess/Comments   |                  |                |
|   |             | \$1,000.00 + as per policy wording<br>4 stages & PBC on one policy. |                  |                |

## INSURANCE REPORT

16 August 2022

**CURRIMUNDI LAKE F/R VILLAS 3 CTS 28851**40 Lakeside Crescent  
CURRIMUNDI QLD

|                                   |                |   |                         |
|-----------------------------------|----------------|---|-------------------------|
| Type                              | Sum Insured    | Premium   | Date Last Paid          |
| <b>APPEAL EXPENSES</b>            | <b>100,000</b> |   | <b>14/09/21</b>         |
| Company/Broker                    | Telephone      | Policy Number   | Due Date                |
| <b>Strata Community Insurance</b> |                | <b>QRSC17003955</b>   | <b>7 September 2022</b> |
| <b>C/- NBS Insurance Brokers</b>  | Facsimile      | <b>Excess/Comments</b><br><b>\$1,000.00 + as per policy wording</b><br><b>4 stages &amp; PBC on one policy.</b> |                         |
| <b>PO Box 2058</b>                |                |   |                         |
| <b>BROOKSIDE CENTRE QLD 4053</b>  |                |   |                         |

|                |             |                 |                |
|----------------|-------------|-----------------|----------------|
| Type           | Sum Insured | Premium         | Date Last Paid |
| Company/Broker | Telephone   | Policy Number   | Due Date       |
|                | Facsimile   | Excess/Comments |                |
|                |             |                 |                |

|                |             |                 |                |
|----------------|-------------|-----------------|----------------|
| Type           | Sum Insured | Premium         | Date Last Paid |
| Company/Broker | Telephone   | Policy Number   | Due Date       |
|                | Facsimile   | Excess/Comments |                |
|                |             |                 |                |

|                |             |                 |                |
|----------------|-------------|-----------------|----------------|
| Type           | Sum Insured | Premium         | Date Last Paid |
| Company/Broker | Telephone   | Policy Number   | Due Date       |
|                | Facsimile   | Excess/Comments |                |
|                |             |                 |                |

|                |             |                 |                |
|----------------|-------------|-----------------|----------------|
| Type           | Sum Insured | Premium         | Date Last Paid |
| Company/Broker | Telephone   | Policy Number   | Due Date       |
|                | Facsimile   | Excess/Comments |                |
|                |             |                 |                |

|                |             |                 |                |
|----------------|-------------|-----------------|----------------|
| Type           | Sum Insured | Premium         | Date Last Paid |
| Company/Broker | Telephone   | Policy Number   | Due Date       |
|                | Facsimile   | Excess/Comments |                |
|                |             |                 |                |



## CERTIFICATE OF COMPLETION

Date Generated: 19/08/2022



### Document Details

**Subject:** SignAnything - Disclosure Statement -144 40 Lakeside Crescent

**Document Pages:** 8

**Certificate Pages:** 1

**Status:** Signed

**Exchanged by:** Not Applicable

**Exchange Date:** Not Applicable

**No. of Signatures:** 1

### Signature Logs

**Signer:** Toni Mulder

**Email Address:** Tommy266@bigpond.com

**Status:** Signed

**IP Address:** 1.146.108.215

**Supervised By:**

**Email Sent Date:** 19/8/2022

**Signed Date:** 19/8/2022

**Signature:** 

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**Signer:**

**Email Address:**

**Status:**

**IP Address:**

**Supervised By:**

**Email Sent Date:**

**Signed Date:**

**Signature:**

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**Signer:**

**Email Address:**

**Status:**

**IP Address:**

**Supervised By:**

**Email Sent Date:**

**Signed Date:**

**Signature:**