

**SUNSHINE COAST**

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PO Box 1191  
Mooloolaba QLD 4557

[www.abcm.com.au](http://www.abcm.com.au)

24 September 2024

**Tax Invoice**

Ref	Disc Stmt Lot 25	
Re	Lot 25	CENTRAL VILLAS ON BUDERIM CTS 48844
Fee	141.89	Paid
Above Fee includes GST		

Archers BCM Pty Ltd  
ABN 41 053 213 693

Please find enclosed information which is correct as at the date of issue and may be used to enable you to complete the Disclosure Statement. Implied warranties are matters for consideration or enquiry by the seller and are not disclosed in this information. A search of the Body Corporate records should disclose any known building defects or liabilities.

*Karl Hope*

Yours faithfully  
Archers BCM Pty Ltd

Body Corporate and Community Management Act 1997  
Section 206  
INFORMATION FOR DISCLOSURE STATEMENT

as at 24 September 2024

Body Corporate	Name of Scheme:	<b>CENTRAL VILLAS ON BUDERIM</b>		
	Community Titles Scheme No:	<b>48844</b>		
	Lot Number:	<b>25</b>	Plan Number:	<b>265078</b>

Secretary	Name	<b>Raelene McLellan</b>
	Address	<b>C/ - PO Box 1191 MOOLOOLABA QLD 4557</b>
	Telephone	<b>07 5458 4500</b>

Body Corporate Manager	Name	<b>Archers the Strata Professionals</b>
	Address	<b>PO BOX 1191 MOOLOOLABA QLD 4557</b>
	Telephone	<b>07 5458 4500</b>

**Contributions  
and Levies**

Levies Determined by the Body Corporate for this Lot

Administrative Fund	Amount	Due Date	Discount	If Paid By
01/07/23 to 31/12/23	\$1,011.44	01/07/23	Nil	01/07/23
01/01/24 to 30/06/24	\$1,173.30	01/01/24	Nil	01/01/24
01/07/24****31/12/24	\$1,092.37	01/07/24	Nil	01/07/24

  

Sinking Fund	Amount	Due Date	Discount	If Paid By
01/07/23 to 31/12/23	\$396.84	01/07/23	Nil	01/07/23
01/01/24 to 30/06/24	\$549.38	01/01/24	Nil	01/01/24
01/07/24****31/12/24	\$473.11	01/07/24	Nil	01/07/24

**Special Levies**

Improvements on Common Property for which Buyer will be Responsible	Lot No	Date of Resolution	Authority Given To	Description of Area	Conditions
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Body Corporate Assets Required to be Recorded on Register	<b>There are no assets required to be recorded.</b>
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**Committee**

Body Corporate and Community Management Act 1997  
Section 206  
INFORMATION FOR DISCLOSURE STATEMENT (continued)

Information  
prescribed under  
Regulation  
Module

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

Lot Entitlements  
and Other  
Matters

Interest Schedule	Aggregate	18,916	Entitlement of Lot	349
Contribution Schedule	Aggregate	9,480	Entitlement of Lot	180
Balance of Sinking fund at end of last Financial Year		201,542.90	as at	30/06/24
Insurance Levies not included in Administrative Fund Levies:		See Other Levies		
Monetary Liability under Exclusive Use By-Law				

## Additional Information

Other Levies	Amount	Due Date	Discount	If Paid By
Insurance Fund				
01/07/23 to 31/12/23	\$180.66	01/07/23	Nil	01/07/23
01/01/24 to 30/06/24	\$241.12	01/01/24	Nil	01/01/24
01/07/24 to 31/12/24	\$210.89	01/07/24	Nil	01/07/24

Insurance	Type/Name of Insurer	Policy Number	Sum Insured	Renewal Date
	<i>BUILDING</i> Strata Community Insurance	QRSC23005163	19,621,373.00	22/07/25
	<i>BUILDING CATASTROPHE</i> Strata Community Insurance	QRSC23005163	5,886,412.00	22/07/25
	<i>FLOOD COVER</i> Strata Community Insurance	QRSC23005163	10,000,000.00	22/07/25
	<i>OFFICE BEARERS</i> Strata Community Insurance	QRSC23005163	2,000,000.00	22/07/25
	<i>PUBLIC LIABILITY</i> Strata Community Insurance	QRSC23005163	20,000,000.00	22/07/25

Mortgages or  
Securities over  
Body Corporate  
Assets

Latent or Patent  
Defects in  
Common  
Property or Body  
Corporate Assets

Additional information on this page to be completed by the Vendor/s.

Actual or  
Contingent or  
Expected  
Liabilities of Body  
Corporate

Circumstances in  
Relation to  
Affairs of the  
Body Corporate

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Exceptions to  
Statements in  
Clause 7.4(3)

# CONTRACTS REGISTER

## CENTRAL VILLAS ON BUDERIM CTS 48844

Contractor Name and Address <b>Archers Body Corporate Management</b> <b>PO Box 1191</b> <b>MOOLOOLABA</b> <b>QLD 4557</b>	Details of Duties <b>Body Corporate administration</b>	Delegated Powers <b>See agreement</b>	Basis of Remuneration <b>Quarterly in advance; \$10,004.50 incl GST PA as at 01/10/22</b>
Commencement Date	<b>01/10/22</b>	Termination Date	<b>30/09/25</b>
Term of Contract	<b>3 years</b>	Finance	
Options	<b>N</b>	Name of Financier	
Copy of Agreement on File	<b>Y</b>	Date of Advice from Financier	
Workers Comp No		Date of Withdrawal of Financier	
Contractor Name and Address <b>Wilsy Pty Ltd ACN 653 450 090 as trustee for Dylan Firth Family Trust</b> <b>C/- Dylan James Firth &amp; Jesse Shane Gesch</b>	Details of Duties <b>Caretaking &amp; management</b>	Delegated Powers <b>See agreement</b>	Basis of Remuneration <b>Monthly in arrears; \$10,634.79 as at 04/10/23</b>
Commencement Date	<b>11/10/22</b>	Termination Date	<b>26/07/46</b>
Term of Contract	<b>24 Years</b>	Finance	
Options		Name of Financier	
Copy of Agreement on File	<b>Y</b>	Date of Advice from Financier	
Workers Comp No		Date of Withdrawal of Financier	
Contractor Name and Address <b>Wilsy Pty Ltd ACN 653 450 090 as trustee for Dylan Firth Family Trust</b> <b>C/- Dylan James Firth &amp; Jesse Shane Gesch</b>	Details of Duties <b>Letting services</b>	Delegated Powers <b>See agreement</b>	Basis of Remuneration <b>Nil</b>
Commencement Date	<b>11/10/22</b>	Termination Date	<b>26/07/46</b>
Term of Contract	<b>24 Years</b>	Finance	
Options		Name of Financier	
Copy of Agreement on File	<b>Y</b>	Date of Advice from Financier	
Workers Comp No		Date of Withdrawal of Financier	
Contractor Name and Address <b>Wilsy Pty Ltd ACN 653 450 090 as trustee for Dylan Firth Family Trust</b> <b>C/- Dylan James Firth &amp; Jesse Shane Gesch</b>	Details of Duties <b>Caretaking and Letting</b>	Delegated Powers <b>See Deed of Assignment executed 11/10/22</b>	Basis of Remuneration <b>As per Caretking and letting Agreement</b>
Commencement Date	<b>11/10/22</b>	Termination Date	<b>26/07/46</b>
Term of Contract	<b>24 Years</b>	Finance	
Options		Name of Financier	
Copy of Agreement on File	<b>Y</b>	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		Finance	
Options		Name of Financier	
Copy of Agreement on File		Date of Advice from Financier	
Workers Comp No		Date of Withdrawal of Financier	