

SHORE DRIVE APARTMENTS, INC.
3300 NE 36th STREET
FT. LAUDERDALE, FL 33308

c/o Board of Directors
manager.crte@gmail.com

ESTOPPEL CERTIFICATE

1. Date of issuance: _____, 20__
2. Present Owner(s): _____

3. Unit Designation (Number) and Address: _____

4. Parking or garage space identification for this Unit: _____
5. Is Account in collection with Attorney? Yes or No
Attorney Name: **Becker & Poliakoff, P.A.**
Attorney Contact Information: **Howard J. Perl; hperl@bplegal.com**
Payoff information may be requested at: **FTMNAP.payoffs@bplegal.com**
6. Fee for the preparation and delivery of this Estoppel Certificate: Up to \$250.00 if account not delinquent; additional \$150.00 for delinquent accounts; additional \$100.00 for expedited requests (the Association does not undertake to agree to expedited requests.) Please note: The Estoppel Certificate request will not be processed until the required processing fee has been paid to the Association. Make check payable to "Shore Drive Apartments, Inc." **The fee for this Certificate is \$_____.** Please note that when an account has been placed with legal counsel, legal fees required for the issuance of Payoff Letters are in addition to the fee payable for the preparation of this Certificate.
7. Name of the requestor: _____
8. Assessment information and other information:

Assessment Information

- a. The regular periodic assessment levied against the Unit is:
\$_____ per Month, Quarter, Year, Other_____
- b. The regular periodic assessment is paid through: _____, 20__
The next installment of the regular periodic assessment is due _____, 20__
- c. in the amount of \$ _____
- d. An itemized list of all assessments, special assessments and other moneys owed on the date of issuance to the Association by the Unit Owner for a specific Unit is (*two boxes may be checked if applicable*):

- Attached hereto
- Available from the collection attorney referenced above
- None

e. An itemized list of any additional assessments, special assessments and other moneys that are scheduled to become due for each day after the date of issuance for the effective period of the Estoppel Certificate is *(two boxes may be checked if applicable)*:

- Attached hereto
- Available from the collection attorney referenced above
- None

Other Information

f. Is there a Capital Contribution Fee? Yes or No

Is there a Resale Fee? Yes or No

Is there a Transfer Fee? Yes or No

Is there any open violation of the Cooperative Documents, including the Bylaws or Rules or Regulations, for which notice has been given to the Owner and where such notice is reflected in the Association official records? Yes or No

g. Do any of the Cooperative Documents, including the Bylaws or Rules or Regulations of the Association applicable to the property require approval by the Board of Directors of the Association for the transfer of the Unit? Yes or No

See Section 2 of Article III of the Bylaws.

If yes, has the Board approved the transfer of the property? Yes No Pending

h. Is there a right of first refusal provided to the members or the Association?
 Yes or No

See Sections 8(b) and 8 (e) of Article III of the Bylaws.

i. Names, addresses and phone numbers for all insurance maintained by the Association:

USI Insurance Services National, Inc.	Damian McFadden
2255 Glades Rd., Suite 420 A Boca Raton, FL, 33431	561-368-2777: Phone
	610-537-1947: Fax

(NOTE: The above information is the contact information for the Association's insurance agent. Copies of insurance policies are on file with the Association and are available for inspection and copying as provided by law.)

9. Is there any other type of fee? Yes or No

(LIST ALL OTHER FEES OR MONEYS THAT ARE DUE FROM THE OWNER(S) AND/OR UNIT AND/OR WHICH ARE CHARGED IN CONNECTION WITH UNIT TRANSFERS)

	Type of Fee	Amount	When Due/Payable
1.	Medeco	\$50.00 (IF NOT PRESENTED AT CLOSING)	Closing
2.	Mailbox Keys	\$50.00 (IF NOT PRESENTED AT CLOSING)	Closing
3.			

THE ABOVE INFORMATION IS TRUE AND CORRECT. EXCEPT AS SPECIFICALLY PROVIDED BY LAW TO THE CONTRARY, THE ASSOCIATION DOES NOT WAIVE OR INTEND TO COMPROMISE ANY LEGAL RIGHTS IT MAY HAVE BY THE COMPLETION OF THIS CERTIFICATE. THE RESPONSES HEREIN ARE MADE IN GOOD FAITH AND TO THE BEST OF MY ABILITY AS TO THEIR ACCURACY.

Shore Drive Apartments, Inc.

By: Timothy Fields

Date: _____

Print Name: _____

Phone: 954-566-4323

If this Estoppel Certificate is hand delivered or sent by electronic means, it is effective for thirty (30) days from the date hereof, as set forth immediately above. If this Estoppel Certificate is sent by regular mail, it is effective for thirty-five (35) days from the date hereof, as set forth immediately above.

ACTIVE: 9907249_1

ACTIVE: 9945306_1