

**NORTH CAROLINA REAL ESTATE COMMISSION*****Residential Property And Owners'  
Association Disclosure Statement******Protecting the Public Interest in Real Estate Brokerage Transactions***

Property Address/Description: 3500 Bailey Lake Dr, Fuquay Varina, NC, 27526

Owner's Name(s): Opendoor Property Trust I

North Carolina law N.C.G.S. 47E requires residential property owners to complete this Disclosure Statement and provide it to the buyer prior to any offer to purchase. There are limited exemptions for completing the form, such as new home construction that has never been occupied. Owners are advised to seek legal advice if they believe they are entitled to one of the limited exemptions contained in N.C.G.S. 47E-2.

An owner is required to provide a response to every question by selecting Yes (Y), No (N), No Representation (NR), or Not Applicable (NA). An owner is not required to disclose any of the material facts that have a NR option, even if they have knowledge of them. However, failure to disclose latent (hidden) defects may result in civil liability. The disclosures made in this Disclosure Statement are those of the owner(s), not the owner's broker.

- If an owner selects Y or N, the owner is only obligated to disclose information about which they have actual knowledge. If an owner selects Y in response to any question about a problem, the owner must provide a written explanation or attach a report from an attorney, engineer, contractor, pest control operator, or other expert or public agency describing it.
- If an owner selects N, the owner has no actual knowledge of the topic of the question, including any problem. If the owner selects N and the owner knows there is a problem or that the owner's answer is not correct, the owner may be liable for making an intentional misstatement.
- If an owner selects NR, it could mean that the owner (1) has knowledge of an issue and chooses not to disclose it; or (2) simply does not know.
- If an owner selects NA, it means the property does not contain a particular item or feature.

For purposes of completing this Disclosure Statement: **"Dwelling"** means any structure intended for human habitation, **"Property"** means any structure intended for human habitation and the tract of land, and **"Not Applicable"** means the item does not apply to the property or exist on the property.

**OWNERS:** The owner must give a completed and signed Disclosure Statement to the buyer no later than the time the buyer makes an offer to purchase property. If the owner does not, the buyer can, under certain conditions, cancel any resulting contract. An owner is responsible for completing and delivering the Disclosure Statement to the buyer even if the owner is represented in the sale of the property by a licensed real estate broker and the broker must disclose any material facts about the property that the broker knows or reasonably should know, regardless of the owner's response.

The owner should keep a copy signed by the buyer for their records. If something happens to make the Disclosure Statement incorrect or inaccurate (for example, the roof begins to leak), the owner must promptly give the buyer an updated Disclosure Statement or correct the problem. Note that some issues, even if repaired, such as structural issues and fire damage, remain material facts and must be disclosed

by a broker even after repairs are made.

**BUYERS:** The owner's responses contained in this Disclosure Statement are not a warranty and should not be a substitute for conducting a careful and independent evaluation of the property. **Buyers are strongly encouraged to:**

- Carefully review the entire Disclosure Statement.
- Obtain their own inspections from a licensed home inspector and/or other professional.

DO NOT assume that an answer of N or NR is a guarantee of no defect. If an owner selects N, that means the owner has no actual knowledge of any defects. It does not mean that a defect does not exist. If an owner selects NR, it could mean the owner (1) has knowledge of an issue and chooses not to disclose it, or (2) simply does not know.

**BROKERS:** A licensed real estate broker shall furnish their seller-client with a Disclosure Statement for the seller to complete in connection with the transaction. A broker shall obtain a completed copy of the Disclosure Statement and provide it to their buyer-client to review and sign. All brokers shall (1) review the completed Disclosure Statement to ensure the seller responded to all questions, (2) take reasonable steps to disclose material facts about the property that the broker knows or reasonably should know regardless of the owner's responses or representations, and (3) explain to the buyer that this Disclosure Statement does not replace an inspection and encourage the buyer to protect their interests by having the property fully examined to the buyer's satisfaction.

- **Brokers are NOT permitted to complete this Disclosure Statement on behalf of their seller-clients.**
- Brokers who own the property may select NR in this Disclosure Statement but are obligated to disclose material facts they know or reasonably should know about the property.

Buyer Initials \_\_\_\_\_ Owner Initials BB  
 Buyer Initials \_\_\_\_\_ Owner Initials \_\_\_\_\_

REC 4.22

REV 5/24

1

## SECTION A. STRUCTURE/FLOORS/WALLS/CEILING/WINDOW/ROOF

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Yes                                 | No                                  | NR                                  |                                     |    |                 |                          |                          |                          |                                     |                   |                                     |                          |                          |                                     |                         |                          |                          |                          |                                     |              |                                     |                          |                          |                                     |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|----|-----------------|--------------------------|--------------------------|--------------------------|-------------------------------------|-------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--|--|--|
| A1. Is the property currently owner-occupied?<br>Date owner acquired the property: <u>04/20/2026</u><br>If not owner-occupied, how long has it been since the owner occupied the property? <u>never occupied</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                                     |    |                 |                          |                          |                          |                                     |                   |                                     |                          |                          |                                     |                         |                          |                          |                          |                                     |              |                                     |                          |                          |                                     |  |  |  |
| A2. In what year was the dwelling constructed? <u>2025</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                     | <input type="checkbox"/>            |                                     |    |                 |                          |                          |                          |                                     |                   |                                     |                          |                          |                                     |                         |                          |                          |                          |                                     |              |                                     |                          |                          |                                     |  |  |  |
| A3. Have there been any structural additions or other structural or mechanical changes to the dwelling(s)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                                     |    |                 |                          |                          |                          |                                     |                   |                                     |                          |                          |                                     |                         |                          |                          |                          |                                     |              |                                     |                          |                          |                                     |  |  |  |
| A4. The dwelling's exterior walls are made of what type of material? (Check all that apply)<br><input type="checkbox"/> Brick Veneer <input type="checkbox"/> Vinyl <input type="checkbox"/> Stone <input type="checkbox"/> Fiber Cement <input type="checkbox"/> Synthetic Stucco <input type="checkbox"/> Composition/Hardboard<br><input type="checkbox"/> Concrete <input type="checkbox"/> Aluminum <input type="checkbox"/> Wood <input type="checkbox"/> Asbestos <input checked="" type="checkbox"/> Other <u>Hardie Plank</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                                     | <input type="checkbox"/>            |                                     |    |                 |                          |                          |                          |                                     |                   |                                     |                          |                          |                                     |                         |                          |                          |                          |                                     |              |                                     |                          |                          |                                     |  |  |  |
| A5. In what year was the dwelling's roof covering installed? <u>Unknown</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     |                                     | <input checked="" type="checkbox"/> |                                     |    |                 |                          |                          |                          |                                     |                   |                                     |                          |                          |                                     |                         |                          |                          |                          |                                     |              |                                     |                          |                          |                                     |  |  |  |
| A6. Is there a leakage or other problem with the dwelling's roof or related existing damage?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                                     |    |                 |                          |                          |                          |                                     |                   |                                     |                          |                          |                                     |                         |                          |                          |                          |                                     |              |                                     |                          |                          |                                     |  |  |  |
| A7. Is there water seepage, leakage, dampness, or standing water in the dwelling's basement, crawl space, or slab?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                                     |    |                 |                          |                          |                          |                                     |                   |                                     |                          |                          |                                     |                         |                          |                          |                          |                                     |              |                                     |                          |                          |                                     |  |  |  |
| A8. Is there an infestation present in the dwelling or damage from past infestations of wood destroying insects or organisms that has not been repaired?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                                     |    |                 |                          |                          |                          |                                     |                   |                                     |                          |                          |                                     |                         |                          |                          |                          |                                     |              |                                     |                          |                          |                                     |  |  |  |
| A9. Is there a problem, malfunction, or defect with the dwelling's:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                                     |                                     |                                     |    |                 |                          |                          |                          |                                     |                   |                                     |                          |                          |                                     |                         |                          |                          |                          |                                     |              |                                     |                          |                          |                                     |  |  |  |
| <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>NA</th> <th>Yes</th> <th>No</th> <th>NR</th> </tr> </thead> <tbody> <tr> <td>Foundation</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Slab</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Patio</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Floors</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </tbody> </table>                                |                                     | NA                                  | Yes                                 | No                                  | NR | Foundation      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Slab              | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Patio                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Floors       | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | NA                                  | Yes                                 | No                                  | NR                                  |    |                 |                          |                          |                          |                                     |                   |                                     |                          |                          |                                     |                         |                          |                          |                          |                                     |              |                                     |                          |                          |                                     |  |  |  |
| Foundation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |    |                 |                          |                          |                          |                                     |                   |                                     |                          |                          |                                     |                         |                          |                          |                          |                                     |              |                                     |                          |                          |                                     |  |  |  |
| Slab                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |    |                 |                          |                          |                          |                                     |                   |                                     |                          |                          |                                     |                         |                          |                          |                          |                                     |              |                                     |                          |                          |                                     |  |  |  |
| Patio                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |    |                 |                          |                          |                          |                                     |                   |                                     |                          |                          |                                     |                         |                          |                          |                          |                                     |              |                                     |                          |                          |                                     |  |  |  |
| Floors                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |    |                 |                          |                          |                          |                                     |                   |                                     |                          |                          |                                     |                         |                          |                          |                          |                                     |              |                                     |                          |                          |                                     |  |  |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | NA                                  | Yes                                 | No                                  | NR                                  |    |                 |                          |                          |                          |                                     |                   |                                     |                          |                          |                                     |                         |                          |                          |                          |                                     |              |                                     |                          |                          |                                     |  |  |  |
| Windows                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |    |                 |                          |                          |                          |                                     |                   |                                     |                          |                          |                                     |                         |                          |                          |                          |                                     |              |                                     |                          |                          |                                     |  |  |  |
| Doors                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |    |                 |                          |                          |                          |                                     |                   |                                     |                          |                          |                                     |                         |                          |                          |                          |                                     |              |                                     |                          |                          |                                     |  |  |  |
| Ceilings                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |    |                 |                          |                          |                          |                                     |                   |                                     |                          |                          |                                     |                         |                          |                          |                          |                                     |              |                                     |                          |                          |                                     |  |  |  |
| Deck                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |    |                 |                          |                          |                          |                                     |                   |                                     |                          |                          |                                     |                         |                          |                          |                          |                                     |              |                                     |                          |                          |                                     |  |  |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | NA                                  | Yes                                 | No                                  | NR                                  |    |                 |                          |                          |                          |                                     |                   |                                     |                          |                          |                                     |                         |                          |                          |                          |                                     |              |                                     |                          |                          |                                     |  |  |  |
| Attached Garage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |    |                 |                          |                          |                          |                                     |                   |                                     |                          |                          |                                     |                         |                          |                          |                          |                                     |              |                                     |                          |                          |                                     |  |  |  |
| Fireplace/Chimney                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |    |                 |                          |                          |                          |                                     |                   |                                     |                          |                          |                                     |                         |                          |                          |                          |                                     |              |                                     |                          |                          |                                     |  |  |  |
| Interior/Exterior Walls                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |    |                 |                          |                          |                          |                                     |                   |                                     |                          |                          |                                     |                         |                          |                          |                          |                                     |              |                                     |                          |                          |                                     |  |  |  |
| Other: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |    |                 |                          |                          |                          |                                     |                   |                                     |                          |                          |                                     |                         |                          |                          |                          |                                     |              |                                     |                          |                          |                                     |  |  |  |

**Explanations for questions in Section A (identify the specific question for each explanation):**

A5. Seller has no knowledge of installation dates.

## SECTION B. HVAC/ELECTRICAL

|                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                          |                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|-------------------------------------|
| B1. Is there a problem, malfunction, or defect with the dwelling's electrical system (outlets, wiring, panels, switches, fixtures, generator, etc.)?                                                                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| B2. Is there a problem, malfunction, or defect with the dwelling's heating and/or air conditioning?                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| B3. What is the dwelling's heat source? (Check all that apply; indicate the year of each system manufacture)<br><input type="checkbox"/> Furnace [ ___ # of units] Year: _____ <input type="checkbox"/> Heat Pump [ ___ # of units] Year: _____<br><input type="checkbox"/> Baseboard [ ___ # of bedrooms with units] Year: _____ <input checked="" type="checkbox"/> Other: <u>Unknown</u> Year: <u>Unknown</u> |                          |                          | <input checked="" type="checkbox"/> |

Buyer Initials \_\_\_\_\_ Owner Initials BB  
 Buyer Initials \_\_\_\_\_ Owner Initials \_\_\_\_\_

REC 4.22  
REV 5/24

Yes No NR

B4. What is the dwelling's cooling source? (Check all that apply; indicate the year of each system manufacture)

☒ Central Forced Air: Split system Year: Unknown ☐ Wall/Windows Unit(s): \_\_\_\_\_ Year: \_\_\_\_\_  
☐ Other: \_\_\_\_\_ Year: \_\_\_\_\_

☐

B5. What is the dwelling's fuel source? (Check all that apply)

☒ Electricity ☒ Natural Gas ☐ Solar ☐ Propane ☐ Oil ☐ Other: \_\_\_\_\_

☐

*Explanations for questions in Section B (identify the specific question for each explanation):*

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### SECTION C. PLUMBING/WATER SUPPLY/SEWER/SEPTIC

Yes No NR

C1. What is the dwelling's water supply source? (Check all that apply)

☒ City/County ☐ Shared well ☐ Community System ☐ Private well ☐ Other: \_\_\_\_\_

☐

If the dwelling's water supply source is supplied by a private well, identify whether the private well has been tested for: (Check all that apply).

☐ Quality ☐ Pressure ☐ Quantity

If the dwelling's water source is supplied by a private well, what was the date of the last water quality/quantity test? \_\_\_\_\_

C2. The dwelling's water pipes are made of what type of material? (Check all that apply)

☐ Copper ☐ Galvanized ☐ Plastic ☐ Polybutylene ☒ Other: Unknown

☒

C3. What is the dwelling's water heater fuel source? (Check all that apply; indicate the year of each system manufacture) ☒ Gas: \_\_\_\_\_ ☐ Electric: \_\_\_\_\_ ☐ Solar: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

C4. What is the dwelling's sewage disposal system? (Check all that apply)

☐ Septic tank with pump ☐ community system ☐ Septic tank ☐ Drip system  
☒ Connected to City/County System ☐ City/County system available ☐ Other: \_\_\_\_\_  
☐ Straight pipe (wastewater does not go into a septic or other sewer system) \*Note: Use of this type of system violates State Law.

☐

If the dwelling is serviced by a septic system, how many bedrooms are allowed by the septic system permit? \_\_\_\_\_ ☐ No Records Available

Date the septic system was last pumped: \_\_\_\_\_

C5. Is there a problem, malfunction, or defect with the dwelling's:

|               | NA                                  | Yes                      | No                       | NR                                  |                                                       | NA                       | Yes                      | No                       | NR                                  |
|---------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|
| Septic system | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Plumbing system (pipes, fixtures, water heater, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Sewer system  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Water supply (water quality, quantity, or pressure)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

*Explanations for questions in Section C (identify the specific question for each explanation):*

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Buyer Initials \_\_\_\_\_ Owner Initials BB  
Buyer Initials \_\_\_\_\_ Owner Initials \_\_\_\_\_

REC 4.22  
REV 5/24

3

## SECTION D. FIXTURES/APPLIANCES

D1. Is the dwelling equipped with an elevator system?

If yes, when was it last inspected? \_\_\_\_\_

Date of last maintenance service: \_\_\_\_\_

Yes ☐ No ☐ NR ☐

D2. Is there a problem, malfunction, or defect with the dwelling's:

|                                     | NA                                  | Yes                      | No                       | NR                                  |                                   | NA                                  | Yes                      | No                       | NR                                  |                | NA                       | Yes                      | No                       | NR                                  |                    | NA                       | Yes                      | No                       | NR                                  |
|-------------------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|-----------------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|----------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|
| Attic fan, exhaust fan, ceiling fan | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Irrigation system                 | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Sump pump      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Garage Door system | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Elevator system or component        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Pool/hot tub /spa                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Gas logs       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Security system    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Appliances to be conveyed           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | TV cable wiring or satellite dish | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Central vacuum | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Other:             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

**Explanations for questions in Section D (identify the specific question for each explanation):**

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## SECTION E. LAND/ZONING

E1. Is there a problem, malfunction, or defect with the drainage, grading, or soil stability of the property?

Yes ☐ No ☐ NR ☒

E2. Is the property in violation of any local zoning ordinances, restrictive covenants, or local land-use restrictions (including setback requirements?)

☐ ☐ ☒

E3. Is the property in violation of any building codes (including the failure to obtain required permits for room additions or other changes/improvements)?

☐ ☐ ☒

E4. Is the property subject to any utility or other easements, shared driveways, party walls, encroachments from or on adjacent property, or other land use restrictions?

☐ ☐ ☒

E5. Does the property abut or adjoin any private road(s) or street(s)?

☐ ☐ ☒

E6. If there is a private road or street adjoining the property, are there any owners' association or maintenance agreements dealing with the maintenance of the road or street? ☒ NA

☐ ☐ ☒

**Explanations for questions in Section E (identify the specific question for each explanation):**

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## SECTION F. ENVIRONMENTAL/FLOODING

F1. Is there hazardous or toxic substance, material, or product (such as asbestos, formaldehyde, radon gas, methane gas, lead-based paint) that exceed government safety standards located on or which otherwise affect the property?

Yes ☐ No ☐ NR ☒

Buyer Initials \_\_\_\_\_ Owner Initials **BB**  
 Buyer Initials \_\_\_\_\_ Owner Initials \_\_\_\_\_

REC 4.22  
REV 5/24

4

|                                                                                                                                                                                                                                                      | Yes                      | No                       | NR                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|-------------------------------------|
| F2. Is there an environmental monitoring or mitigation device or system located on the property?                                                                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| F3. Is there debris (whether buried or covered), an underground storage tank, or an environmentally hazardous condition (such as contaminated soil or water or other environmental contamination) located on or which otherwise affect the property? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| F4. Is there any noise, odor, smoke, etc., from commercial, industrial, or military sources that affects the property?                                                                                                                               | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| F5. Is the property located in a federal or other designated flood hazard zone?                                                                                                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| F6. Has the property experienced damage due to flooding, water seepage, or pooled water attributable to a natural event such as heavy rainfall, coastal storm surge, tidal inundation, or river overflow?                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| F7. Have you ever filed a claim for flood damage to the property with any insurance provider, including the National Flood Insurance Program?                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| F8. Is there a current flood insurance policy covering the property?                                                                                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| F9. Have you received assistance from FEMA, U.S. Small Business Administration, or any other federal disaster flood assistance for flood damage to the property?                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| F10. Is there a flood or FEMA elevation certificate for the property?                                                                                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

**NOTE:** An existing flood insurance policy may be assignable to a buyer at a lesser premium than a new policy. For properties that have received disaster assistance, the requirement to obtain flood insurance passes down to all future owners. Failure to obtain flood insurance can result in an owner being ineligible for future assistance.

**Explanations for questions in Section F (identify the specific question for each explanation):**

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## SECTION G. MISCELLANEOUS

|                                                                                                                                                                                                                                            | Yes                      | No                       | NR                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|-------------------------------------|
| G1. Is the property subject to any lawsuits, foreclosures, bankruptcy, judgments, tax liens, proposed assessments, mechanics' liens, materialmens' liens, or notices from any governmental agency that could affect title to the property? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| G2. Is the property subject to a lease or rental agreement?                                                                                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| G3. Is the property subject to covenants, conditions, or restrictions or to governing documents separate from an owners' association that impose various mandatory covenants, conditions, and or restrictions upon the lot or unit?        | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

**Explanations for question in Section G (identify the specific question for each explanation):**

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Buyer Initials \_\_\_\_\_ Owner Initials BB  
 Buyer Initials \_\_\_\_\_ Owner Initials \_\_\_\_\_

REC 4.22  
REV 5/24

5

**SECTION H.**  
**OWNERS' ASSOCIATION DISCLOSURE**

If you answer 'Yes' to question H1, you must complete the remaining questions in Section H. If you answered 'No' or 'No Representation' to question H1, you do not need to answer the remaining questions in Section H.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>H1. Is the property subject to regulation by one or more owners' association(s) including, but not limited to, obligations to pay regular assessments or dues and special assessments?<br/>If "yes," please provide the information requested below as to each owners' association to which the property is subject [insert N/A into any blank that does not apply]:<br/>a. (specify name) <u>South Lakes Master Association Inc.</u> whose regular assessments ("dues") are \$ <u>386.40</u> per <u>SEMIANNUALLY</u>.<br/>The name, address, telephone number, and website of the president of the owners' association or the association manager are: <u>Sentry Management, Inc, Address: 2180 W State Road 434 Ste 5000 Longwood, FL 32779, phn#407-788-6700</u><br/>b. (specify name) _____ whose regular assessments ("dues") are \$ _____ per _____.<br/>The name, address, telephone number, and website of the president of the owners' association or the association manager are: _____<br/>c. Are there any changes to dues, fees, or special assessment which have been duly approved and to which the lot is subject?<br/>If "yes," state the nature and amount of the dues, fees, or special assessments to which the property is subject: _____</p> | <p><b>Yes</b><br/><input checked="" type="checkbox"/></p> <p><b>No</b><br/><input type="checkbox"/></p> <p><b>NR</b><br/><input type="checkbox"/></p> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                  |                                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| H2. Is there any fee charged by the association or by the association's management company in connection with the conveyance or transfer of the lot or property to a new owner?<br>If "yes," state the amount of the fees: _____ | <p><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                        |                                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| H3. Is there any unsatisfied judgment against, pending lawsuit, or existing or alleged violation of the association's governing documents involving the property?<br>If "yes," state the nature of each pending lawsuit, unsatisfied judgment, or existing or alleged violation: _____ | <p><input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/></p> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|

|                                                                                                                                                                         |                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| H4. Is there any unsatisfied judgment or pending lawsuits against the association?<br>If "yes," state the nature of each unsatisfied judgment or pending lawsuit: _____ | <p><input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/></p> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|

**Explanations for questions in Section H (identify the specific question for each explanation):**

Property is Part of the HOA.  
Please see attached for HOA-related expenses provided to Seller at the time Seller purchased this property. Buyer is encouraged to contact HOA for current information.

**Owner(s) acknowledge(s) having reviewed this Disclosure Statement before signing and that all information is true and correct to the best of their knowledge as of the date signed.**

Owner Signature: Brad Bonney Opendoor Property Trust I Date 04/23/2026  
Owner Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Buyers(s) acknowledge(s) receipt of a copy of this Disclosure Statement and that they have reviewed it before signing.**

Buyer Signature: \_\_\_\_\_ Date \_\_\_\_\_  
Buyer Signature: \_\_\_\_\_ Date \_\_\_\_\_



Documentation provided to Seller at the time Seller purchased this property. Buyer is encouraged to contact HOA for current information.

# Statement of Unpaid Assessments

Order #1BNNWWTE

## Order Disclosure

This information may not, in whole or in part, be resold for any purpose. Sentry Management, Inc. is fulfilling this order on behalf of the association in accordance with the Terms and Conditions that the requestor has acknowledged and based on the information that has been submitted.

Sentry Management, Inc. is fulfilling this order on behalf of the association in accordance with the Terms and Conditions that the requestor has acknowledged and based on the information that has been submitted.

For a property governed by more than one association, a unique resale demand certificate must be issued for each association. It is the responsibility of the authorized requestor to order all required resale demand certificates.

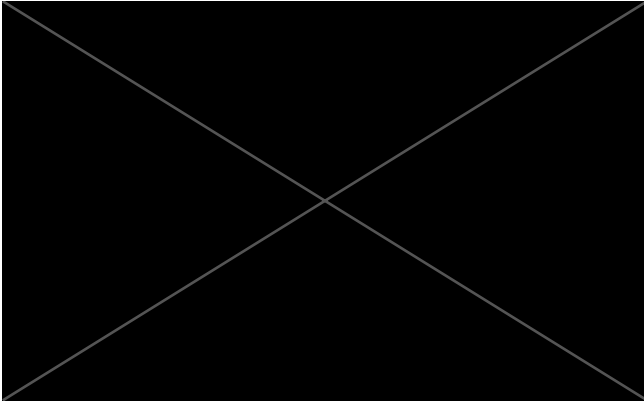
The 60-day effective period for this resale demand certificate starts on the day of issuance. A resale demand certificate update may be issued during the effective period.

Sentry Management cannot guarantee and is not responsible if the Association makes changes to any of the information set forth herein after the effective/issuance date. The closing agent shall require the seller and buyer to sign affidavits at closing representing that the information contained herein is true and correct to the best of their knowledge. All terms and conditions set forth herein are subject to compliance with the applicable state laws. Sentry Management might not have all applicable information. In such event, the parties to the transaction shall remain responsible for any charges not disclosed herein.

To change the formal ownership of the property in the association's records, Sentry Management, Inc. must acquire a copy of the warranty deed. The association must be paid all fees and assessments at the time of settlement or earlier and there are available Pay at Close options. See Terms and Conditions for detailed description of Pay at Close option.

## Certification

By my signature below, I certify this information is provided in good faith and is true and correct to the best of my knowledge.



# STATEMENT OF UNPAID ASSESSMENTS

Prepared on behalf of   
Unit Address 3500 Bailey Ave, , 526  
Association South Lakes Master Association Inc

## Order Information

### Requestor Information

Company Name

**Rexera**

Phone

**04152362577**

Full Name

**hu ding**

Email

**contactus@rexera.com**

### Preparer Information

Name



Address

**2180 W. State Rd 434 Ste 5000, Longwood, FL  
32779**

Contact

**Closings Team**

Phone

**1-800-932-6636**

## Transaction Information

Settlement Date

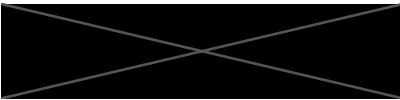
**04/20/2026**

File/Escrow #

**26-5195**

## Seller Information

Name



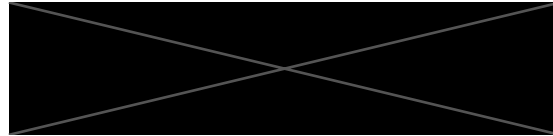
Address

**3500 Bailey Lake Dr , FUQUAY VARINA, NC,  
27526**

Phone



Email



## Buyer/Borrower Information

Name

**Opendoor Property Trust I,**

Address

**410 N Scottsdale Dr #1600 TEMPE AZ , TEMPE,  
AZ, 85281**

Phone

**888-352-7075**

Email

**hoa@opendoor.com**

## Unit Information

### Master/Sub Association

**There are no additional associations related to this unit.**

**i** For property governed by more than one association, a separate resale demand certificate must be obtained for each association. It is the responsibility of the authorized requestor to obtain all resale demand certificates.

## Assessment Information

### Semi-Annual Assessment

|                   |                  |                          |             |
|-------------------|------------------|--------------------------|-------------|
| Amount            | \$ 386.40        | Frequency                | Semi Annual |
| Due On            | 1st of the cycle | Next Installment         | 07/01/2026  |
| Paid Through Date | 06/30/2026       | Prepayment of Assessment | -           |

Late Fee  
**The association does not currently charge late fees for overdue payments.**

Interest  
**18% Per Annum Interest If Received After 30 Days**

**i** Any approved special assessments, capital charges or other association charges for this association has been provided in this document. The Board of Directors may be considering or can consider additional special assessments, capital charges or other charges at any given time within the 30-day effective/issuance date. This estoppel certificate is not intended to alter the relative rights and obligations of the seller and buyer under the purchase contract. Any mistakes or omissions as to the information provided herein shall not relieve the party responsible under the contract from any obligation. Any association charges enacted, initiated, approved and/or adopted after the effective/issuance date of this estoppel certificate shall be the responsibility of the current and/or future owner of this property. This estoppel certificate shall not constitute a waiver or release of the party responsible as to any changes not included herein.

## Current Balance

**Current Balance for this unit is \$ -349.60**

## One-Time Closing Fees

| Description                  | Fee Type | Payment Status | Amount    |
|------------------------------|----------|----------------|-----------|
| Post Closing Owner Setup Fee | Sentry   | Pay at Close   | \$ 160.00 |



Any approved special assessments, capital charges or other association charges for this association has been provided in this document. The Board of Directors may be considering or can consider additional special assessments, capital charges or other charges at any given time within the 30-day effective/issuance date. This estoppel certificate is not intended to alter the relative rights and obligations of the seller and buyer under the purchase contract. Any mistakes or omissions as to the information provided herein shall not relieve the party responsible under the contract from any obligation. Any association charges enacted, initiated, approved and/or adopted after the effective/issuance date of this estoppel certificate shall be the responsibility of the current and/or future owner of this property. This estoppel certificate shall not constitute a waiver or release of the party responsible as to any changes not included herein.

## Legal Collection Activity

**This account has not been turned over to an Attorney for Collections.**

## Non-Compliance Notices

**There are no open violations for this unit on record.**



A violation could be delivered between the date of the Statement of Unpaid Assessments effective/issuance date and the date of closing. The Buyer and Seller should determine who is responsible if a violation is issued within that time. Please refer to the Governing Documents. Association is not releasing or waiving any of its rights under the Governing Documents to seek all remedies available to it for any violations from either the seller or the buyer as applicable. If any violations exist, the rights and obligations of both seller and buyer shall be governed by the Governing Documents and by their contract.

## AutoPay

Seller is not enrolled in AutoPay.

## Association Information

### Current/Pending Association Litigation

Unsatisfied judgments or pending lawsuits to which the association is a party:

Sentry does not search public records and provides only information it has in its files, which are typically limited to information received as the registered agent for the Association. In cases where Association is a plaintiff, or engaged in arbitration, or mediation, which are not a matter of public record, Sentry may not have access to information. Federal lawsuits will not be in county records and also not available information.

### Insurance Information

Insurance Carrier

**NATIONWIDE**

Phone

**919-781-1973**

Email Address

-

Insurance Agency

**CARTER GLASS INSURANCE AGENCY**

Coverage Description

-

## Restrictions

The rules and regulations of the association does not require any board approval.

## Additional Comments

- Credit seller from buyer for account credit, as it will remain on the account and be used toward future assessments.

## Order Fee Summary

| Description                                              | Payment Status | Amount     |
|----------------------------------------------------------|----------------|------------|
| Summary to Association                                   |                |            |
| Balance due as of 04/17/2026                             | Paid           | \$ -349.60 |
| Summary to Sentry Management Inc.                        |                |            |
| Resale Demand Certificate - Regular (8-10 Business days) | Paid           | \$ 200.00  |
| Processing Option Upgrade to Priority                    | Paid           | \$ 100.00  |
| Post Closing Owner Setup Fee                             | Pay at Close   | \$ 160.00  |

### Instructions for pay-at-close amounts

There are no pay at close amounts due to **South Lakes Master Association Inc** for Order Number **#1BNNWWTE**.

Provide one check at closing payable to **SENTRY MANAGEMENT, INC.**, reference Order Number **#1BNNWWTE** for **\$ 160.00**.

Send check, warranty deed and new owner contact information form to:  
**2180 W. State Rd 434 Ste 5000, Longwood, FL 32779.**

**See Terms and Conditions for detailed description of Pay at Close Option**

## Terms and Conditions

Sentry Management, Inc. ("Sentry") is providing an online ordering application for use by authorized users to access and obtain certain materials for use in resale transactions (hereinafter referred to as "Closing Documents") for properties covered by one of Sentry's Association Clients. Please read these Ordering Application Terms and Conditions which cover all use and access to the online store and Closing Documents including but not limited to the optional Pay at Close Service and its fee available for purchase through the online store. By using and accessing Sentry's online ordering application and/or purchasing Closing Documents through the online ordering application, you agree to be bound by these Online Ordering Application Terms and Conditions as well as Sentry's [Privacy Policy](#) and [Terms of Use](#) available at the bottom of Sentry's website, [www.sentrymgt.com](http://www.sentrymgt.com) for review. Authorized user is defined as attorney or closing agent acting on behalf of both the seller and buyer.

By ordering Closing Documents through Sentry's online ordering application or through Sentry's third-party vendor's website, you represent and warrant to Sentry that you: (i) have the right to purchase and obtain such Closing Documents; (ii) have a legitimate business interest in accessing the Closing Documents; (iii) will not misuse or publish without authorization information from the Closing Documents; (iv) will use the Closing Documents only in connection with the transaction for which you have been authorized to access the materials and (v) agree to pay for all Closing Documents, including the optional Pay at Close Service charge if selected in your order.

All financial information that you provide when purchasing Closing Documents through Sentry's online ordering application is provided by you directly to our third-party payment processor(s), and not to Sentry. All payments are processed through our third-party payment processor(s), as such our privacy policies do not apply to the treatment of your financial information. The information practices of our third-party payment processors are governed by their own privacy policies, which we encourage you to review. When purchasing Closing Documents, different payment options may be made available to you, including credit card and eCheck (ACH) payment options. The eCheck (ACH) payment option is provided to you with no additional convenience/service fees. If you choose to pay via credit card, you acknowledge that any convenience/service fees that may be charged are separate and apart from the cost of the Closing Documents being ordered by you, and that you voluntarily agree to pay for the service/convenience fees associated with paying by credit card. If you choose to pay with a physical check, we will not begin to process your order until your payment is received.

The Pay at Close Service is an optional and voluntary service. By voluntarily selecting the optional Pay at Close Service, you agree to pay \$145.00 that will be billed in addition to any other fees. Payment will be made through the closing process. If you select the Pay at Close Service, then Sentry agrees to forbear its right to have the closing agent pay Sentry prior to closing; you agree that this exercise of forbearance by Sentry is valid consideration for this extra service that you have chosen voluntarily to purchase. If you selected the Pay at Close Service in error, please contact Sentry Management immediately at 1-800-932-6636 or via email at [closings@sentrymgt.com](mailto:closings@sentrymgt.com) for an adjustment to your order total prior to delivery of

documents, and to make payment to complete your order.

Buyer/Borrower/Requestor/and where applicable, Seller/Owner, will have full responsibility for the payment of all fees associated with this order once the closing occurs. All items and fees must be paid together.

All Closing Documents provided through the Sentry online ordering application are certified by Sentry representatives, to the best of their knowledge, to be provided in good faith, true and correct. You understand that Sentry cannot make any representations or warranties beyond this certification as to the reliability, accuracy, timeliness, usefulness, or completeness of any Closing Documents or any facts, content, information or data contained therein, purchased through Sentry's online ordering application, or through Sentry's third-party vendor's website, except as may be required by law.

Any approved special assessments, capital charges or other association charges provided in the Closing Documents, as of the effective/issuance date. The Board of Directors for the Association may be considering, or can consider, additional special assessments, capital charges or other charges at any given time after the effective/issuance date. The Closing Documents are not intended to alter the relative rights and obligations of the seller and buyer under the purchase contract. Any mistakes or omissions as to the information provided herein shall not relieve the party responsible under the contract from any obligation. Any charges enacted, initiated, approved and/or adopted by the Board of Directors for the Association after the effective/issuance date of the Closing Documents shall be the responsibility of the current and/or future owner of the property. This Closing Documents shall not constitute a waiver or release of the party responsible as to any charges not included herein. All terms and conditions set forth herein are subject to compliance with the applicable state laws. To the extent any term or condition set forth herein is prohibited or restricted by any applicable law, then the term or condition shall be interpreted in a manner to allow compliance or shall be considered inapplicable without affecting any of the other terms and conditions set forth herein.

Product pricing is reviewed and updated frequently by Sentry Management to ensure compliance with state and federal statutes. If you believe the pricing displayed is incorrect or that you were charged an improper amount, you agree to bring all such concerns to the attention of Sentry Management for resolution prior to filing any action or claim, by contacting Sentry Management at 1-800-932-6636, and also by emailing Sentry Management at [closings@sentrymgt.com](mailto:closings@sentrymgt.com). You agree no action of any kind can be filed against Sentry Management without seeking a pre-suit resolution in good faith as a condition precedent.

THE PARTIES WAIVE ALL RIGHTS TO HAVE A JURY RESOLVE ANY DISPUTE. Any controversy, claim, dispute, cause of action, or lawsuit arising out of or relating to these Ordering Application Terms and Conditions, or its interpretation, application, implementation, breach or enforcement, and any other claim, controversy, or dispute between you and us relating in any way to the Closing Documents, services or products which the parties are unable to resolve by mutual agreement will be settled by submission of such controversy, claim, dispute, cause of action, or lawsuit to binding arbitration in Seminole County, Florida, in accordance with the Commercial Arbitration Rules of the American Arbitration Association then in effect, with the stipulation that the matter shall be heard by a single arbitrator. In any such arbitration proceeding, the

parties thereto agree to provide all discovery deemed necessary by the arbitrator. The decision and award made by the arbitrator shall be final, binding, and conclusive on all parties thereto for all purposes, and judgment may be entered thereon in any court having jurisdiction thereof. Additionally, any arbitration pursuant to these Ordering Application Terms and Conditions or Sentry's Privacy Policy and Terms of Use will take place on an individual basis and class-wide arbitrations are not permitted. All threshold issues of any kind related to the arbitration shall be decided by the arbitrator. This delegation to the arbitrator includes any issue as to the scope of the arbitration and any issues that might otherwise be decided by a court of law related to interpretation, applicability or enforceability of this arbitration agreement.

FOR REQUESTORS OF FLORIDA LENDER SPECIFIC QUESTIONNAIRES ONLY: The prospective purchaser, lender, lienholder, or other party requesting information and responses to questions regarding a community association acknowledge that under either Sections 718.111(12)(e)1., 719.104(2)(d), and/or 720.303(5)(d), Florida Statutes, Sentry, as the authorized agent for the community association, is not obligated or required to provide any information or response to a prospective purchaser, lender, lienholder, or other party's request for information, except as expressly required by law. The prospective purchaser, lender, lienholder, or other party acknowledges that under Sections 718.111(12)(e)1., 719.104(2)(d), and 720.303(5)(d), Florida Statutes, Sentry may charge a reasonable fee to the prospective purchaser, lender, lienholder, or other party for providing good-faith responses to requests for information if the fee does not exceed the statutorily authorized amount plus the reasonable cost of photocopying and any attorney fees incurred by the association in connection with the response. To the full extent permitted by law, the prospective purchaser, lender, lienholder, or other party requesting information agree to waive the fee limit imposed by the statutes and release Sentry, from any legal claim and liability for its response fees exceeding the statutory limit. The prospective purchaser, lender, lienholder, or other party acknowledge that fees charged by Sentry, for information and responses are reasonable and are voluntarily paid regardless of the aforementioned statutes. This is a knowing and intentional waiver of a known legal right.

The prospective purchaser, lender, lienholder, or other party requesting information and responses to questions regarding a community association acknowledges any fee charged by Sentry is an enforceable obligation to make payment and that no Florida law or provision herein excuses said payment. The prospective purchaser, lender, lienholder, or other party requesting information agrees that any fee charged by Sentry is expressly called for by these terms and as reasonable consideration for the information Sentry provides regarding a community association. To the fullest extent permitted by law, the prospective purchaser, lender, lienholder, or other party waives the application of Section 725.04, Florida Statutes, to any fee charged by and payment made to Sentry for information and responses to questions regarding a community association. This is a knowing and intentional waiver of the application of known Florida laws, including laws related to statutory restrictions and laws related to voluntary payments.

If any fee charged as part of an estoppel or any Closing Documents is determined to be invalid or more than allowable, then only the allowable fee shall be owed, and any invalidity shall not affect the other provisions and fees charged for Closing Documents.

If any fee charged for Closing Documents is invalid for any reason, such invalidity shall not affect any of the

other provisions or fees charged for Closing Documents.

If any fee charged for Closing Documents is invalid for any reason, the sole remedy shall be a refund of such overcharge upon prompt written notice by the party paying the fee.



## New Owner Contact Information

### Return Form with Copy of Deed

Sentry Management sends a welcome package to all new homeowners upon the purchase of their home that contains important information regarding their Association, including how to pay their assessments. In an effort to ensure that this is sent to the correct location, we request that all new owners provide their contact information upon closing so that we can update the Association's records accurately.

**Attention Closing Agent:** Please have the buyer complete form and return with copy of deed and check to 2180 W SR 434 Ste 5000, Longwood, FL 32779. If no funds are due to association from closing, please email this form and copy of deed to [closings@sentrymgt.com](mailto:closings@sentrymgt.com).

#### PROPERTY INFORMATION

NAME OF ASSOCIATION \_\_\_\_\_

PROPERTY ADDRESS \_\_\_\_\_

CITY STATE \_\_\_\_\_

ZIP \_\_\_\_\_

CLOSING DATE \_\_\_\_\_

#### HOMEOWNER INFORMATION

BUYER'S NAME (AS IT APPEARS ON DEED) \_\_\_\_\_

PHONE NUMBER (HOME) \_\_\_\_\_

CELL \_\_\_\_\_

WORK \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

SECOND EMAIL ADDRESS (IF APPLICABLE) \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT THAN PROPERTY) \_\_\_\_\_

CITY STATE \_\_\_\_\_

ZIP \_\_\_\_\_

BUYER'S SIGNATURE(S): \_\_\_\_\_

Date: \_\_\_\_\_