

CLUSTERS AT OAKHURST ASSOCIATION, INC.
9170 OAKHURST ROAD, SUITE 5
SEMINOLE, FLORIDA 33776
PH 727.595-9400 FX 727.595-7400

APPROVAL CHECKLIST

Date: _____ Seller's Name: _____

UNIT: _____ Buyer's Name: _____

Planned Unit Use: _____

1. With respect to MAINTENANCE:
 - A. The maintenance payments are due every _____ on the _____ of the month.
 - B. The present maintenance payments are \$ _____ sent to Truist Bank (see coupon or association treasurer).
 - C. The date the owner last paid maintenance is _____.
 - D. If a change in the maintenance payment is expected, when will it be? _____
 - E. What will be the new amount of the assessment? \$ _____
 - F. The amount of penalty or late charge is \$25 after the 15th of the month.
2. Are there any OTHER PAYMENTS required such as RECREATION LEASE or INSURANCE FUND?
Yes _____ No _____ If yes, please explain: _____
3. Is there any SPECIAL ASSESSMENT on the unit? Yes _____ No _____ If yes:
 - A. What is the effective date of the assessment? _____
 - B. Is it paid? Yes _____ No _____. If no please state:
 1. The balance due of the assessment? _____
 2. The date(s) the payment(s) must be paid? _____
 3. The purpose of the assessment. _____
 - C. Do you anticipate making a special assessment in the next three months? Yes _____ No _____.
 1. If yes, please give details: _____
 2. Is there more than one assessment? Yes _____ No _____.

 3. If yes, please explain: _____

4. There are no assigned parking spaces for this unit.
5. Is there a Condominium TRANSFER FEE? Yes _____ No _____ \$ _____
6. Interview with buyer is required (Declaration of Condominium #20, p.14).
7. Is the Condominium Association a party to any litigation? If so, please explain.

8. Are there any AMENDMENTS to the Condominium documents that have not yet been recorded? Yes _____ No _____.
Explain: _____
9. Have you received and read the Condominium documents? _____
10. Have you received and read the Association Rules and Regulations? _____
11. Do you have any questions?

12. Copy of Annual Minutes and Budget _____ Contact the Secretary for these items.

The Clusters at Oakhurst Association, Inc. By: _____ Title: _____ Date: _____

Prospective Clusters of Oakhurst Owner statement:

I/We have received from the seller and reviewed a copy of the Condominium Documents, and Rules and Regulations (including the Signage Rules and Regulations).

By: _____ Date: _____ By: _____ Date: _____