

THE FOUNDATION OF PELICAN MARSH, INC.

1504 Pelican Marsh Boulevard, Naples, Florida 34109

Phone: 239.594.7800 Fax: 239.594.1811

ESTOPPEL CERTIFICATE 2024

PLEASE EMAIL MONIQUE at MROWELL@PELICANMARSH.COM

1. Date of issuance: _____ Estoppel Certificate Open Until: _____
2. Names of the unit owners as reflected in the books and records of the association:

3. Unit designation and address: _____
4. Name (s) of the new owners purchasing the unit: _____
5. Attorney's name and contact information if the account is delinquent and has been turned over to an attorney for collection. No fee may be charged for the attorney's information.

6. Fee for the preparation and delivery of the estoppel certificate: **\$100.00**

PLEASE NOTE: The \$100.00 estoppel fee is due prior to sending back the completed estoppel. Payment in the form of a check or credit card is accepted. We do not accept American Express. (A \$3.00 processing fee will be collected if paying by credit card).

Estoppel fee paid by _____

7. Name of requestor _____
8. Assessment information and other information: (See Below)

ASSESSMENT INFORMATION

- a. The regular annual assessment levied against the unit is **\$2,016.00** per year (frequency of payment).
- b. The regular annual assessment is paid through _____ (insert date paid through).
- c. The next installment of the regular annual assessment is due _____ (date) in the amount of \$_____.

The Foundation annual fee is collected by the management company listed below in question j.

OTHER INFORMATION

- f. Is there a capital contribution fee, resale fee, transfer fee, or other fee due (Yes) or (No)
If yes, specify the type and amount of fee: **Resale Capital Assessment - \$7,500.**
- g. Is there any open violation of rule or regulation noticed to the unit owner in the association official records? (Yes) or (No) If yes, specify the violation: _____.
- h. Do the rules and regulations of the association applicable to the unit require approval by the Board of Directors of the Association for the transfer of the unit? (Yes) or (No)
If yes, has the Board approved the transfer of the Unit? (Yes) or (No)
- i. Is there a right of first refusal provided to the members or the association? (Yes) or (No)
If yes, have the members or the association exercised that right of first refusal? (Yes) or (No)
- j. Provide a list of, and contact information for, all other associations of which the unit is a member.
_____.

k. Provide contact information for all insurance maintained by the association. **McGriff Insurance
13515 Bell Tower Dr. Ft. Myers, FL 33907 239-433-7193**

l. Foundation Membership: Membership in The Foundation of Pelican Marsh, Inc. is mandatory to the named buyers upon transfer of the property and payment of all appropriate assessments and fees. The Resale Assessment Fee is paid by the buyer and collected at the time of closing. No membership application or certificate of approval is needed. **A copy of the closing statement and payment of Capital Fund Resale Assessment Fee is required for membership and issuance of membership cards. The Foundation also requires a copy of the deed.**

m. Operation Assessments: The Foundation of Pelican Marsh, Inc. is a homeowner's association, pursuant to the Declaration for Pelican Marsh under Florida law. Membership is required of all property owners of Pelican Marsh. The Foundation annually assesses its members operating expenses including office, recreational, social, and building maintenance operations. Billing is in the fourth quarter of each year. Payment is due 30 days after invoicing and the late payment interest is 1.5% per month. Payment is to be made to **The Foundation of Pelican Marsh, Inc.** before transfer of membership rights will be made

Certification

ARBORS, GABLES, AND SWEET BAY NEIGHBORHOODS ONLY:

1. The current operating assessment of \$843.00 on the above-named property has been paid has not been paid in full. If not paid \$_____ is owed for the assessment, and \$_____ is owed for the interest.

2. The current cable assessment of \$1,173.00 on the above-named property has been paid has not been paid in full. If not paid \$_____ is owed for the assessment, and \$_____ is owed for the _____ interest.

A copy of the Settlement Statement and Warranty Deed in addition to a separate check for payment of the Resale Capital Assessment Fee should be sent to:

**The Foundation of Pelican Marsh, Inc.
1504 Pelican Marsh Blvd.
Naples, FL 34109**

The Regular Annual Assessment for the Foundation of Pelican Marsh, Inc. should be forwarded to the appropriate sub-Association management company.

Signed by:

as Officer or Authorized Agent
Foundation of Pelican Marsh, Inc.