

## Disclosure Statement

Body Corporate and Community Management Act 1997 Section 206

Body Corporate for	: Winchcombe Carson	า	Community Titles Sche	eme: 2834	18		
Lot No:	109		on: BUP GTP	<b>√</b> SP	142198		
ADDRESS:	109/54 Vernon Terra	ace					
SUBURB:	TENERIFFE			STATE	E: QLD	POSTCOD	E: _4
PRESCRIBED IN	FORMATION						
SECRETARY OF	BODY CORPORA	ATE .					
NAME:							
Peter Fraser							
ADDRESS: PO Bo	x 1152						
CURURD: MILTO	NAI.			.== 010		- 4004	_
SUBURB: MILTO PHONE:	FAX:		SI.	ATE: QLD	POSTCOD	E: 4064	-
07 3726 0		<b>'</b> 68					
NAME: Cassels Strata Mana ADDRESS: PO Bo	agment ox 1152						_
Cassels Strata Mana							_
Cassels Strata Mana							_
Cassels Strata Mana	ox 1152		STA	ATE: QLD	POSTCOD	DE: 4064	_
Cassels Strata Mana ADDRESS: PO Bo  SUBURB: MILTO PHONE:	0x 1152 DN		ST/	ATE: QLD	POSTCOD	DE: 4064	_
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INITIALS

REFER TO ATTACHED INFORMATION FOR DISCLOSURE ST		BE RESPONSIBLE	(insert details)
BODY CORPORATE ASSETS REQUIRED TO BE RECOR	RDED ON REGIS	STER	(insert details)
REFER TO ATTACHED INFORMATION FOR DISCLOSURE ST	ATEMENT		
INFORMATION PRESCRIBED UNDER REGULATION MORE REFER TO ATTACHED INFORMATION FOR DISCLOSURE ST			(insert details)
SIGNATURES Seller/Sellers:	Witness:	Not required if this form is sign	ed electronically
BUYER'S ACKNOWLEDGMENT  The Buyer acknowledges having received and read this sta	tement hefore er	ntering into the contra	
Buyer:  Date:	Witness:	Not required if this form is sign	
Buyer:	Witness:	Not required if this form is sign	ed electronically

### Body Corporate and Community Management Act 1997 Section 206

## INFORMATION FOR DISCLOSURE STATEMENT

### as at 12 June 2018

Body Corporate

Name of Scheme:

Lot Number:

Winchcombe Carson

Community Titles Scheme No:

28348 109

Plan Number:

142198

Name

Secretary

Address

Peter Fraser c/-Cassels Strata

PO Box 1152

Milton Qld 4064

07 3726 0050

Facsimile

07 3870 0768

**Body Corporate** Manager

Name Address

Telephone

Cassels Strata Managment

PO Box 1152

**MILTON QLD 4064** 

Telephone

07 3726 0050

Facsimile

Levies Determined by the Body Corporate for this Lot

0738700768

Contributions and Levies

Amount	Due Date	Discount	If paid by
\$1,366.49	01/07/17	Nil	01/07/17
\$1,848.68	01/11/17	Nil	01/11/17
\$1,848.68	01/03/18	Nil	01/03/18
\$1,848.68	01/07/18	Nil	01/07/18
	\$1,366.49 \$1,848.68 \$1,848.68	\$1,366.49 01/07/17 \$1,848.68 01/11/17 \$1,848.68 01/03/18	\$1,366.49 01/07/17 Nil \$1,848.68 01/11/17 Nil \$1,848.68 01/03/18 Nil

Sinking Fund

01/07/17 to 31/10/17	\$1,057.21	01/07/17	Nil	01/07/17
01/11/17 to 28/02/18	\$1,057.34	01/11/17	Nil	01/11/17
01/03/18 to 30/06/18	\$1,057.34	01/03/18	Nil	01/03/18
01/07/18****31/10/18	\$1,057.34	01/07/18	Nil	01/07/18

**Body Corporate** 

Name of Scheme:

Winchcombe Carson

Community Titles Scheme No:

28348

Lot Number:

109

Plan Number: 142198

Improvements on Common Property for which Buyer will be Responsible

## Body Corporate and Community Management Act 1997 Section 206

# INFORMATION FOR DISCLOSURE STATEMENT (continued)

Body Corporate Assets Required to be Recorded on Register	There are no assets required to be recorde	ed.
Committee		
Information prescribed under Regulation Module	Nil	
Signing		
	Seller/Sellers Agent	Witness
	Date	
Buyers Acknowledgement	The Buyer acknowledges having received an Seller before entering into the contract.	d read this statement from the
	Buyer	Witness
	Date	

## Additional Information

Body Corporate

Name of Scheme:

Community Titles Scheme No:

Winchcombe Carson
28348

Lot Number: 109 Plan Number: 142198

Lot Entitlements and Other Matters Interest Schedule Aggregate 34349 Entitlement of Lot 341

Contribution Schedule Aggregate 41435 Entitlement of Lot 358

Balance of Sinking fund at end of last Financial Year 751,941.48 as at 30/06/17

Insurance Levies not included in Administrative Fund Levies: See Annexure

Monetary Liability under Exclusive Use By-Law

Insurance	Туре	Company	Policy No	Sum Insured	Due Date
	APPEAL EXPENSES	Chubb C/-IAA	93212523	150,000	08/02/19
	BUILDING/COMMON PROP	Chubb C/-IAA	93212523	133,462,250	08/02/19
	CATASTROPHE EXTENSIO	Chubb C/-IAA	93212523	40,038,675	08/02/19
	COMMITTEE LIABILITY	Chubb C/-IAA	93212523	5,000,000	08/02/19
	CRIME INSURANCE	Chubb C/-IAA	93212523	100,000	08/02/19
	FLOOD	Chubb C/-IAA	93212523	10,000,000	08/02/19
	GENERAL LIABILITY	Chubb C/-IAA	93212523	20,000,000	08/02/19
	MACHINERY BREAKDOWN	Chubb C/-IAA	93212523	100,000	08/02/19
	PROFESSIONAL EXPENSE	Chubb C/-IAA	93212523	30,000	08/02/19
	TEMP ACCOM/LOSS OF R	Chubb C/-IAA	93212523	20,019,338	08/02/19
	VOLUNTARY WORKERS	Chubb C/-IAA	93212523	500,000	08/02/19
	VOLUNTARY WORKERS	Chubb C/-IAA	93212523	100.000	08/02/19

Mortgages or Securities over Body Corporate Assets Nil

## Additional Information (continued)

Body Corporate

Name of Scheme:

Winchcombe Carson

Community Titles Scheme No:

28348

Lot Number:

109

Plan Number:

142198

Latent or Patent Defects in Common Property or Body Corporate Assets The records of the Body Corporate contain details pertaining to works associated with rectifying defects reported to the Body Corporate as per the J Groom Consultant Report dated 18 July 2012.

Actual or Contingent or Expected Liabilities of Body Corporate

Circumstances in Relation to Affairs of the Body Corporate

Exceptions to Statements in Clause 7.4(2)

DISCLOSURE STATEMENT (Continued)

Name of Scheme	Winchcon	ıbe Ca	rson	CTS No	28348
Lot No.	109	Туре	BUILDING FORMAT PLAN	Plan No	142198

# ANNEXURE - LEVY DETAILS

Description	Amount	Due Date	Date Paid	Discount	If paid by	Date of Notice	Amount Overdue
INSURANCE 09/02/18 to 08/02/19	770.66	01/03/18	N/A	0.00	01/03/18	31/01/18	N/A

Items marked with \*\*\*\* are for periods that are outside the current financial year. They may also be subject to ratification at the next General Meeting

#### Date:

12/06/18

## CONTRACTS REGISTER **WINCHCOMBE CARSON CTS 28348**

Contractor Name and Address	Details of Duties	Delegated Powers	Basis of Remuneration
Cassels Strata Management	Strata management	Per administration agreement	Quarterly in advance
l			
Level 1/11 Lang Parde			
MILTON QLD 4064			
Commencement Date	12/10/16	Termination Date	
Term of Contract	1 Year	Fine	ance
Options	1 year + 1 year	Name of Financier	
Copy of Agreement on File	Y	Date of Advice from Financier	
Workers Comp No		Date of Withdrawal of Financier	
Contractor Name and Address	Details of Duties	Delegated Powers	Basis of Remuneration
Kone Elevators Pty Ltd	Lift Maintenance	Delegated Fowers	Quarterly in advance
11010 250 (11010)			Quarterly in advance
40 Campbell Street	•		
BOWEN HILLS QLD 4006			
		1	
Commencement Date	01/01/18	Termination Date	
Term of Contract	7 years		ance
Options		Name of Financier	
Copy of Agreement on File	Y	Date of Advice from Financier	
Workers Comp No	İ	Date of Withdrawal of Financier	
Contractor Name and Address	Details of Duties	Delegated Powers	Basis of Remuneration
Awatea Pty Ltd	Caretaking	Assigned to current Forward	\$192,143.00 + GST per annum
		Accumulator on 03.05.17	_
Original Agreement			
Commencement Date		T	
Term of Contract	01/11/09	Termination Date	31/10/38
Options	10 years	Name of Financier	ance
Copy of Agreement on File	15 years + 4 years	Date of Advice from Financier	Commonwealth
Workers Comp No	Y	Date of Withdrawal of Financier	12/06/14
			<u> </u>
Contractor Name and Address	Details of Duties	Delegated Powers	Basis of Remuneration
Awatea Pty Ltd	Letting Agent	Assigned to current Forward Accumulator on 03.05.17	Nil
		Accumulator on 03.05.17	
Outsinal Assessment			
Original Agreement			
Commencement Date	01/11/09	Termination Date	31/10/38
Term of Contract	10 years	Fina	ance
Options	15 years + 4 years	Name of Financier	Commonwealth
Copy of Agreement on File	Y	Date of Advice from Financier	12/06/14
Workers Comp No		Date of Withdrawal of Financier	
Contractor Name and Address Universal Communications Group	Details of Duties  Maintenance of technology in the	Delegated Powers	Basis of Remuneration
Pty Ltd	building		\$283.80 inclusive GST per month
31 Greenhaven Crescent	<u>'</u>		
Kuraby Qld 4112			
Commencement Date	17/08/09	Termination Date	16/08/12
Term of Contract	3 years	Fina	ance
Options		Name of Financier	
Copy of Agreement on File	Y	Date of Advice from Financier	
Workers Comp No		Date of Withdrawal of Financier	

#### 12/06/18

# CONTRACTS REGISTER WINCHCOMBE CARSON CTS 28348

Contractor Name and Address Origin Energy	Details of Duties Supply of Electricity	Delegated Powers	Basis of Remuneration As per meterage
Commencement Date	01/07/13	Termination Date	
Term of Contract			30/06/16
Options	3 years	Fina Name of Financier	Ince
Copy of Agreement on File	Y	Date of Advice from Financier	
Workers Comp No	•	Date of Withdrawal of Financier	
Contractor Name and Address Hutchinson Builders Pty Ltd	Details of Duties Repair Defects	Delegated Powers	Basis of Remuneration \$2,835,240.10
22 Florence street			
Teneriffe			
Q1d 4005			
Commencement Date	27/05/13	Termination Date	
Term of Contract	Until works finished	Fina	nce
Options 5.4		Name of Financier	
Copy of Agreement on File Workers Comp No		Date of Advice from Financier	
Workers Comp No		Date of Withdrawal of Financier	
Contractor Name and Address	Details of Duties	Delegated Powers	Basis of Remuneration
SWG Holding Pty Limited	Consult on the Building Defects Project		\$40,000 + GST
22 florence Street Teneriffe 4005			
Commencement Date	23/05/13	Termination Date	
Term of Contract	approx 48 weeks	Fina	nce
Options	approx to vicini	Name of Financier	0,00
Copy of Agreement on File		Date of Advice from Financier	
Workers Comp No		Date of Withdrawal of Financier	
Contractor Name and Address	Details of Duties	Dalacated Powers	D-:CD
Downer EDI Engineering Pty Limited	Maintenance of Foxtel Services	Delegated Powers	Basis of Remuneration \$286.00 incl GST per month
PO Box 439			
Tullamarine Vic 3043			
Commencement Date	08/02/13	Termination Date	
Term of Contract	3 years	Fina	ince
Options		Name of Financier	
Copy of Agreement on File		Date of Advice from Financier	
Workers Comp No		Date of Withdrawal of Financier	
Contractor Name and Address	Details of Duties	Delegated Powers	Basis of Remuneration
FireBoar	Fire maintenance		Quartely in advance
PO Box 6080			
LOGAN CENTRAL QLD 4114			
Commencement Date	06/12/10	Termination Date	
Term of Contract		<u>1</u>	maa
Options	3 years Annual rollover until cancelle	Fina Name of Financier	HICC
Copy of Agreement on File	Amadi tonover until Cancent	Date of Advice from Financier	
Workers Comp No		Date of Withdrawal of Financier	

# CONTRACTS REGISTER WINCHCOMBE CARSON CTS 28348

Commencement Date   Type   T	Contractor Name and Address Otis Elevators	Details of Duties  Lift maintenance agreement	Delegated Powers	Basis of Remuneration Quarterly in advance
Options Commencement Date Composition Comp	Commencement Date	01/01/18	Termination Date	
Options Commencement Date Term of Contractor Name and Address Compression No.  Details of Duties  Details of Duties  Delegated Powers  Termination Date Termination Date Termination Date Termination Date Term of Contract Copy of Agreement on File Workers Comp No.  Details of Duties  Details of Duties  Delegated Powers  Termination Date Terminati	Term of Contract	7 years	Fir	nance
Mosters Comp No		3yr auto rollover till cancel		
Contractor Name and Address  Details of Duties  Term of Contract  Copy of Agreement on File  Workers Comp No  Details of Duties  Details of Duties  Termination Date  Termination Date  Termination Date  Place of Advice from Financier Date of Withdrawal of Financier Date of Mithdrawal of Financier Finance Name of Financier Date of Mithdrawal of Finan		Y	Date of Advice from Financier	
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Options Copy of Agreement on File Workers Comp No  Details of Duties  Details of Duties  Delegated Powers  Delegated Powers  Term of Contractor Name and Address  Details of Duties  Delegated Powers  Delegated Powers  Basis of Remuneration  Basis of Remuneration  Finance  Name of Financier Date of Advice from Financier Date of Advice from Financier Date of Withdrawal of Financier Date of Mythdrawal of Financier Date of Advice from Financier Date of Withdrawal of Financier Date of Advice from Financier Date of Advice from Financier Date of Financier Date of Advice from Financier				
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Workers Comp No         Date of Withdrawal of Financier           Contractor Name and Address         Details of Duties         Delegated Powers         Basis of Remuneration           Commencement Date         Termination Date         Finance           Term of Contract         Page of Financier         Date of Advice from Financier           Options         Date of Advice from Financier         Date of Advice from Financier           Owner Comp No         Details of Duties         Delegated Powers         Basis of Remuneration           Commencement Date         Termination Date         Finance           Term of Contract         Page of Advice from Financier         Date of Advice from Financier           Options         Date of Advice from Financier         Date of Advice from Financier           Date of Advice from Financier         Date of Advice from Financier           Date of Advice from Financier         Date of Advice from Financier           Date of Withdrawal of Financier         Date of Withdrawal of Financier           Date of Withdrawal of Financier         Date of Withdrawal of Financier           Commencement Date         Termination Date           Term of Contract         Termination Date           Commencement Date         Termination Date           Term of Contract         Term of Contract <t< td=""><td></td><td></td><td>1</td><td></td></t<>			1	
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Options Copy of Agreement on File Workers Comp No  Details of Duties  Details of Duties  Delegated Powers  Basis of Remuneration  Termination Date  Finance  Name of Financier  Date of Advice from Financier  Date of Withdrawal of Financier  Date of Withdrawal of Financier  Date of Withdrawal of Financier  Finance  Name of Financier  Date of Advice from Financier  Date of Withdrawal of Financier  Contractor Name and Address  Details of Duties  Delegated Powers  Basis of Remuneration  Commencement Date  Termination Date  Finance  Options  Commencement Date  Termination Date  Finance  Name of Financier  Date of Advice from Financier  Finance  Date of Advice from Financier  Date of Advice from Financier	Term of Contract		Fin	ance
Workers Comp No  Details of Duties  Delegated Powers  Delegated Powers  Basis of Remuneration  Basis of Remuneration  Basis of Remuneration  Delegated Powers  Delegated Powers  Basis of Remuneration  Finance  Finance  Options Copy of Agreement on File Workers Comp No  Details of Duties  Delegated Powers  Name of Financier Date of Advice from Financier Date of Withdrawal of Financier Date of Withdrawal of Financier Date of Withdrawal of Financier  Delegated Powers  Basis of Remuneration  Formuneration  Commencement Date Term of Contract Options Copy of Agreement on File  Premination Date Finance  Name of Financier Date of Advice from Financier	Options			
Contractor Name and Address  Details of Duties  Delegated Powers  Basis of Remuneration  Termination Date  Finance  Name of Financier Date of Advice from Financier Date of Withdrawal of Financier  Term of Contractor Name and Address  Details of Duties  Delegated Powers  Basis of Remuneration  Finance  Termination Date  Finance  Name of Financier  Delegated Powers  Basis of Remuneration  Amount of Financier  Date of Advice from Financier  Pane of Finance  Name of Financier Date of Advice from Financier	Copy of Agreement on File		Date of Advice from Financier	
Commencement Date Term of Contract Options Copy of Agreement on File Workers Comp No  Details of Duties  Delegated Powers  Termination Date  Termination Date Finance Name of Financier Date of Advice from Financier Date of Wilhdrawal of Financier Date of Wilhdrawal of Financier  Delegated Powers  Basis of Remuneration  Termination Date	Workers Comp No		Date of Withdrawal of Financier	
Term of Contract Options Copy of Agreement on File Workers Comp No  Details of Duties  Details of Duties  Delegated Powers  Delegated Powers  Basis of Remuneration  Commencement Date Term of Contract  Term of Contract Options Copy of Agreement on File  Name of Financier  Name of Financier  Date of Advice from Financier  Finance  Name of Financier Date of Advice from Financier	Contractor Name and Address	Details of Duties	Delegated Powers	Basis of Remuneration
Options Copy of Agreement on File Workers Comp No  Details of Duties  Delegated Powers  Delegated Powers  Delegated Powers  Basis of Remuneration  Commencement Date Term of Contract  Term of Contract Options Copy of Agreement on File  Details of Duties  Details of Duties  Delegated Powers  Termination Date  Finance Name of Financier Date of Advice from Financier  Date of Advice from Financier Date of Advice from Financier	Commencement Date		Termination Date	
Options Copy of Agreement on File Workers Comp No  Details of Duties  Details of Duties  Delegated Powers  Delegated Powers  Basis of Remuneration  Commencement Date Term of Contract Options Copy of Agreement on File  Options Copy of Agreement on File  Name of Financier Date of Advice from Financier  Date of Advice from Financier Date of Advice from Financier Date of Advice from Financier Date of Advice from Financier	Term of Contract		Fin	ance
Workers Comp No  Contractor Name and Address  Details of Duties  Delegated Powers  Delegated Powers  Basis of Remuneration  Basis of Remuneration  Firmination Date  Term of Contract  Options Copy of Agreement on File  Date of Advice from Financier	•		Name of Financier	
Contractor Name and Address  Details of Duties  Delegated Powers  Basis of Remuneration  Finance  Options Copy of Agreement on File  Details of Duties  Delegated Powers  Finance  Finance  Name of Financier  Date of Advice from Financier			Date of Advice from Financier	
Commencement Date Term of Contract Options Copy of Agreement on File  Termination Date Termination Date Finance  Name of Financier Date of Advice from Financier	Workers Comp No		Date of Withdrawal of Financier	
Term of Contract Options Options Copy of Agreement on File  Term of Contract  Name of Financier Date of Advice from Financier	Contractor Name and Address	Details of Duties	Delegated Powers	Basis of Remuneration
Term of Contract  Options  Options  Copy of Agreement on File  Date of Advice from Financier	Commencement Date		Termination Date	
Options Name of Financier Copy of Agreement on File Date of Advice from Financier	Term of Contract			ance
Copy of Agreement on File Date of Advice from Financier	Options			
Workers Comp No.	Copy of Agreement on File		i .	
Date of Withdrawal of Financier	Workers Comp No		Date of Withdrawal of Financier	