DEL MAR ASSOCIATION, INC. A 55+ Single family Condominium Community

5400 North A1A

Vero Beach, Florida 32963

Office Phone; 772-231-1616 Office fax: 772-231-6891

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FREQUENTLY ASKED QUESTIONS AND ANSWER SHEET

- Q. What are my voting rights in the condominium association?
 - A. A voting certificate signed by the owner / owner's designate one legal vote per unit.
- Q. What restrictions exist in the condominium documents pertaining to my rights to use my unit?
 - A. Each apartment will be occupied as a single family private dwelling by its owner or his/her tenant, minimum age requirement is 55 years of age.
- Q. What restrictions exist in the condominium documents on the leasing of my unit?
 - A. Ninety (90) days is the minimum rental period. Subleasing is prohibited.
- Q. How much are my assessments (monthly fees) to the condominium association for my unit type and when are they due?
 - A. For the fiscal year May 1, 2016 April 30, 2017

1 BD/RM- \$ 327.21 2 BD/RM "A" - \$386.25

2BD/RM "B" - \$404.15

DUE ON THE FIRST DAY OF EVERY MONTH.

AVAILABLE TO ALL RESIDENTS- AUTOMATIC DIRECT PAYMENT OF MONTHLY ASSESSMENT AT NO COST TO THE OWNER THROUGH MARINE BANK. SEE OFFICE PERSONNEL - 772-231-1616.

- Q. Do I have to be a member in any other association?
 - A. No.
- Q. Are there rules and regulations for this condominium?
 - A. Yes, upon Application for Purchase you will receive a copy of the DEL MAR RULES AND REGULATIONS.
- Q. Am I required to pay rent or land use fees for recreational or other commonly used facilities?

 A. No.
- Q. Is the condominium association involved in any court cases in which it may face liability in excess of \$100,000? If so, identify each such case.
 - A. No, there are no cases.

NOTE: The statements herein are only summary in nature. A prospective purchaser should refer all references, exhibits hereto, the sales contract, and the condominium documents.

I have received, read and understand the "Frequently Asked Questions and Answer Sheet".	
Applicant Name(Please Print):	
Applicant Signature:	
Dated:	
Applicant Name(Please Print)	
Applicant Signature:	
Dated:	