

# Buyer Info Packet

1280 DILLARD DR SE

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## Seller's Property Disclosure – Residential

**Notice to Licensee and Seller:** Only the Seller should fill out this form.

**Notice to Seller:** Florida law<sup>1</sup> requires a **Seller** of a home to disclose to the **Buyer** all known facts that materially affect the value of the property being sold and that are not readily observable or known by the **Buyer**. This disclosure form is designed to help you comply with the law. However, this disclosure form may not address every significant issue that is unique to the Property. You should think about what you would want to know if you were buying the Property today; and if you need more space for additional information, comments, or explanations, check the Paragraph 12 checkbox and attach an addendum.

**Notice to Buyer:** The following representations are made by **Seller** and **not** by any real estate licensee. This disclosure is not a guaranty or warranty of any kind. It is not a substitute for any inspections, warranties, or professional advice you may wish to obtain. It is not a substitute for your own personal judgment and common sense. The following information is based only upon **Seller's** actual knowledge of the Property's condition. **Sellers** can disclose only what they actually know. **Seller** may not know about all material or significant items. You should have an independent, professional home inspection to verify the condition of the Property and determine the cost of repairs, if any. This disclosure is not a contract and is not intended to be a part of any contract for sale and purchase.

**Seller** makes the following disclosure regarding the property described as: 1280 DILLARD DR SE Palm Bay 32909  
(the "Property")

The Property is ☒owner occupied ☐tenant occupied ☐unoccupied (If unoccupied, how long has it been since **Seller** occupied the Property? \_\_\_\_\_)

|                                                                                                                                                                                                                 | <u>Yes</u>                          | <u>No</u>                           | <u>Don't Know</u>                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| <b>1. Structures; Systems; Appliances</b>                                                                                                                                                                       |                                     |                                     |                                     |
| (a) Are the structures including roofs; ceilings; walls; doors; windows; foundation; and pool, hot tub, and spa, if any, structurally sound and free of leaks?                                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| (b) Is seawall, if any, and dockage, if any, structurally sound?                                                                                                                                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (c) Are existing major appliances and heating, cooling, mechanical, electrical, security, and sprinkler systems, in working condition, i.e., operating in the manner in which the item was designed to operate? | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (d) Does the Property have aluminum wiring other than the primary service line?                                                                                                                                 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (e) Are any of the appliances leased? If yes, which ones: _____                                                                                                                                                 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (f) If any answer to questions 1(a) – 1(c) is no, please explain: _____<br>Owner does not use the dishwasher. Doesn't know if it works.                                                                         |                                     |                                     |                                     |
| <b>2. Termites; Other Wood-Destroying Organisms; Pests</b>                                                                                                                                                      |                                     |                                     |                                     |
| (a) Are termites; other wood-destroying organisms, including fungi; or pests present on the Property or has the Property had any structural damage by them?                                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (b) Has the Property been treated for termites; other wood-destroying organisms, including fungi; or pests?                                                                                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| (c) If any answer to questions 2(a) - 2(b) is yes, please explain: <u>Preventive treatment</u><br><u>Massey services.</u>                                                                                       |                                     |                                     |                                     |
| <b>3. Water Intrusion; Drainage; Flooding</b>                                                                                                                                                                   |                                     |                                     |                                     |
| (a) Has past or present water intrusion affected the Property?                                                                                                                                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (b) Have past or present drainage or flooding problems affected the Property?                                                                                                                                   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (c) Is any of the Property located in a special flood hazard area?                                                                                                                                              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (d) Is any of the Property located seaward of the coastal construction control line?                                                                                                                            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (e) Does your lender require flood insurance?                                                                                                                                                                   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| (f) Do you have an elevation certificate? If yes, please attach a copy.                                                                                                                                         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (g) If any answer to questions 3(a) - 3(d) is yes, please explain: _____                                                                                                                                        |                                     |                                     |                                     |

<sup>1</sup> Johnson v. Davis, 480 So.2d 625 (Fla. 1985).

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <u>Yes</u>                          | <u>No</u>                           | <u>Don't Know</u>                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| <b>4. Plumbing</b>                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                                     |                                     |
| (a) What is your drinking water source? <input checked="" type="checkbox"/> public <input type="checkbox"/> private <input type="checkbox"/> well <input type="checkbox"/> other                                                                                                                                                                                                                                                                                |                                     |                                     |                                     |
| (b) Have you ever had a problem with the quality, supply, or flow of potable water?                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (c) Do you have a water treatment system?<br>If yes, is it <input type="checkbox"/> owned <input type="checkbox"/> leased?                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (d) Do you have a <input checked="" type="checkbox"/> sewer or <input type="checkbox"/> septic system? If septic system, describe the location of each system: _____                                                                                                                                                                                                                                                                                            |                                     |                                     |                                     |
| (e) Are any septic tanks, drain fields, or wells that are not currently being used located on the Property?                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (f) Are there or have there been any defects to the water system, septic system, drain fields or wells?                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (g) Have there been any plumbing leaks since you have owned the Property?                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (h) Are any polybutylene pipes on the Property?                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| (i) If any answer to questions 4(b), 4(c), and 4(e) - 4(h) is yes, please explain:<br>_____                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                     |                                     |
| <b>5. Roof and Roof-Related Items</b>                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                                     |                                     |
| (a) To your knowledge, is the roof structurally sound and free of leaks?                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| (b) The age of the roof is <u>2013</u> years OR date installed _____ Original roof                                                                                                                                                                                                                                                                                                                                                                              |                                     |                                     |                                     |
| (c) Has the roof ever leaked during your ownership?                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (d) To your knowledge, has there been any repair, restoration, replacement (indicate full or partial) or other work undertaken on the roof?<br>If yes, please explain: _____                                                                                                                                                                                                                                                                                    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (e) Are you aware of any defects to the roof, fascia, soffits, flashings or any other component of the roof system?<br>If yes, please explain: _____                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>6. Pools; Hot Tubs; Spas</b>                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                                     |                                     |
| <b>Note:</b> Florida law requires swimming pools, hot tubs, and spas that received a certificate of completion on or after October 1, 2000, to have at least one safety feature as specified by Section 515.27, Florida Statutes.                                                                                                                                                                                                                               |                                     |                                     |                                     |
| (a) If the Property has a swimming pool, hot tub, or spa that received a certificate of completion on or after October 1, 2000, indicate the existing safety feature(s):<br><input checked="" type="checkbox"/> enclosure that meets the pool barrier requirements <input type="checkbox"/> approved safety pool cover <input type="checkbox"/> required door and window exit alarms <input type="checkbox"/> required door locks <input type="checkbox"/> none |                                     | <i>CTK</i>                          |                                     |
| (b) Has an in-ground pool on the Property been demolished and/or filled?                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>7. Sinkholes</b>                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                     |                                     |
| <b>Note:</b> When an insurance claim for sinkhole damage has been made by the seller and paid by the insurer, Section 627.7073(2)(c), Florida Statutes, requires the seller to disclose to the buyer that a claim was paid and whether or not the full amount paid was used to repair the sinkhole damage.                                                                                                                                                      |                                     |                                     |                                     |
| (a) Does past or present settling, soil movement, or sinkhole(s) affect the Property or adjacent properties?                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (b) Has any insurance claim for sinkhole damage been made?<br>If yes, was the claim paid? <input type="checkbox"/> yes <input type="checkbox"/> no If the claim was paid, were all the proceeds used to repair the damage? <input type="checkbox"/> yes <input type="checkbox"/> no                                                                                                                                                                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (c) If any answer to questions 7(a) - 7(b) is yes, please explain:<br>_____                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                     |                                     |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <u>Yes</u>                          | <u>No</u>                           | <u>Don't Know</u>                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| <b>8. Homeowners' Association Restrictions; Boundaries; Access Roads</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                     |                                     |
| (a) Is membership in a homeowner's association mandatory or do any covenants, conditions or restrictions (CCRs) affect the Property? (CCRs include deed restrictions, restrictive covenants and declaration of covenants.)<br><b>Notice to Buyer:</b> If yes, you should read the association's official records and/or the CCRs before making an offer to purchase. These documents contain information on significant matters, such as recurring dues or fees; special assessments; capital contributions, penalties; and architectural, building, landscaping, leasing, parking, pet, resale, vehicle and other types of restrictions. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| (b) Are there any proposed changes to any of the restrictions?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| (c) Are any driveways, walls, fences, or other features shared with adjoining landowners?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| (d) Are there any encroachments on the Property or any encroachments by the Property's improvements on other lands?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (e) Are there boundary line disputes or easements affecting the Property?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (f) Are you aware of any existing, pending or proposed legal or administrative action affecting homeowner's association common areas (such as clubhouse, pools, tennis courts or other areas)?                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (g) Have any subsurface rights, as defined by Section 689.29(3)(b), Florida Statutes, been severed from the Property?<br>If yes, is there a right of entry? <input type="checkbox"/> yes <input type="checkbox"/> no                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (h) Are access roads <input type="checkbox"/> private <input type="checkbox"/> public? If private, describe the terms and conditions of the maintenance agreement: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                     |                                     |
| (i) If any answer to questions 8(a) - 8(g) is yes, please explain: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                     |                                     |
| <b>9. Environmental</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                                     |                                     |
| (a) Was the Property built before 1978?<br>If yes, please see Lead-Based Paint Disclosure.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (b) Does anything exist on the Property that may be considered an environmental hazard, including but not limited to, lead-based paint; asbestos; mold; urea formaldehyde; radon gas; methamphetamine contamination; defective drywall; fuel, propane, or chemical storage tanks (active or abandoned); or contaminated soil or water?                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (c) Has there been any damage, clean up, or repair to the Property due to any of the substances or materials listed in subsection (b) above?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (d) Are any mangroves, archeological sites, or other environmentally sensitive areas located on the Property?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (e) If any answer to questions 9(b) - 9(d) is yes, please explain: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                     |                                     |
| <b>10. Governmental, Claims and Litigation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                     |                                     |
| (a) Are there any existing, pending or proposed legal or administrative claims affecting the Property?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (b) Are you aware of any existing or proposed municipal or county special assessments affecting the Property?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| (c) Is the Property subject to any Qualifying Improvements assessment per Section 163.081, Florida Statutes?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (d) Are you aware of the Property ever having been, or is it currently, subject to litigation or claim, including but not limited to, defective building products, construction defects and/or title problems?                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (e) Have you ever had any claims filed against your homeowner's Insurance policy?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

- (f) Are there any zoning violations or nonconforming uses? ☐ ☒ ☐
- (g) Are there any zoning restrictions affecting improvements or replacement of the Property? ☐ ☒ ☐
- (h) Do any zoning, land use or administrative regulations conflict with the existing use of the Property? ☐ ☒ ☐
- (i) Do any restrictions, other than association or flood area requirements, affect improvements or replacement of the Property? ☐ ☒ ☐
- (j) Are any improvements located below the base flood elevation? ☐ ☒ ☐
- (k) Have any improvements been constructed in violation of applicable local flood guidelines? ☐ ☒ ☐
- (l) Have any improvements to the Property, whether by your or by others, been constructed in violation of building codes or without necessary permits? ☐ ☒ ☐
- (m) Are there any active permits on the Property that have not been closed by a final inspection? ☐ ☒ ☐
- (n) Is there any violation or non-compliance regarding any unrecorded liens; code enforcement violations; or governmental, building, environmental and safety codes, restrictions or requirements? ☐ ☒ ☐
- (o) If any answer to questions 10(a) - 10(n) is yes, please explain: \_\_\_\_\_
- \_\_\_\_\_
- (p) Is the Property located in a historic district? ☐ ☒ ☐
- (q) Is the Seller aware of any restrictions as a result of being located in a historic district? ☐ ☒ ☐
- (r) Are there any active or pending applications or permits with a governing body over the historic district? ☐ ☒ ☐
- (s) Are there any violations of the rules applying to properties in a historic district? ☐ ☒ ☐
- (t) If the answer to 10(q) – 10(s) is yes, please explain: \_\_\_\_\_
- \_\_\_\_\_

**11. Foreign Investment in Real Property Tax Act ("FIRPTA")**

- (a) Is the Seller subject to FIRPTA withholding per Section 1445 of the Internal Revenue Code? ☐ ☒ ☐
- If yes, Buyer and Seller should seek legal and tax advice regarding compliance.**

12. ☐ (If checked) **Other Matters; Additional Comments:** The attached addendum contains additional information, explanation, or comments.

**Seller** represents that the information provided on this form and any attachments is accurate and complete to the best of **Seller's** knowledge on the date signed by **Seller**. **Seller** authorizes listing broker to provide this disclosure statement to real estate licensees and prospective buyers of the Property. **Seller** understands and agrees that **Seller** will promptly notify **Buyer** in writing if any information set forth in this disclosure statement becomes inaccurate or incorrect.

Seller: Cathy Tex Kahle / James P Tex Date: May 27, 2026  
 James P. Tex by (Signature) Cathy Tex Kahle as his attorney in fact (print)

Seller: \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_  
 (signature) (print)

**Buyer** acknowledges that **Buyer** has read, understands, and has received a copy of this disclosure statement.

Buyer: \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_  
 (signature) (print)

Buyer: \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_  
 (signature) (print)

**James P. Tex by Cathy Tex Kahle as his attorney in fact**

## Flood Disclosure

Florida Statute 689.302 requires a seller to complete and provide a flood disclosure to a purchaser of residential real property **at or before** the time the sales contract is executed.

Seller, James P Tex, provides Buyer the following flood disclosure **at or before** the time the sales contract is executed.

Property address: 1280 DILLARD DR SE Palm Bay 32909

Seller, please check the applicable boxes in paragraphs (1) through (3) below.

### FLOOD DISCLOSURE

Flood Insurance: Homeowners' insurance policies do not include coverage for damage resulting from floods. Buyer is encouraged to discuss the need to purchase separate flood insurance coverage with Buyer's insurance agent.

- (1) Seller ☐ has ☒ has no knowledge of any flooding that has damaged the property during Seller's ownership of the property.
- (2) Seller ☐ has ☒ has not filed a claim with an insurance provider relating to flood damage on the property, including, but not limited to, a claim with the National Flood Insurance Program.
- (3) Seller ☐ has ☒ has not received assistance for flood damage to the property, including, but not limited to, assistance from the Federal Emergency Management Agency.
- (4) For the purposes of this disclosure, the term "flooding" means a general or temporary condition of partial or complete inundation of the property caused by any of the following:
  - a. The overflow of inland or tidal waters.
  - b. The unusual and rapid accumulation of runoff or surface waters from any established water source, such as a river, stream, or drainage ditch.
  - c. Sustained periods of standing water resulting from rainfall.

Seller: Cathy Tex Kahle  
James P. Tex by Cathy Tex Kahle as his attorney in fact

Date: May 27, 2026

Seller: \_\_\_\_\_

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

Copy provided to Buyer on \_\_\_\_\_ by ☐ email ☐ facsimile ☐ mail ☐ personal delivery.

## Comprehensive Rider to the Residential Contract For Sale And Purchase

THIS FORM HAS BEEN APPROVED BY THE FLORIDA REALTORS AND THE FLORIDA BAR

When initialed by all parties, the parties acknowledge that the disclosure set forth below was provided to Buyer prior to execution of the Florida Realtors/Florida Bar Residential Contract For Sale and Purchase between the parties and the clauses below will be incorporated therein:

James P Tex (SELLER)  
and (BUYER)  
concerning the Property described as 1280 DILLARD DR SE Palm Bay 32909

Buyer's Initials Seller's Initials *CTK*

### B. HOMEOWNERS' ASSOCIATION/COMMUNITY DISCLOSURE

#### PART A. DISCLOSURE SUMMARY

James P. Tex by Cathy Tex Kahle as his attorney in fact

IF THE DISCLOSURE SUMMARY REQUIRED BY SECTION 720.401, FLORIDA STATUTES, HAS NOT BEEN PROVIDED TO THE PROSPECTIVE PURCHASER BEFORE EXECUTING THIS CONTRACT FOR SALE, THIS CONTRACT IS VOIDABLE BY BUYER BY DELIVERING TO SELLER OR SELLER'S AGENT OR REPRESENTATIVE WRITTEN NOTICE OF THE BUYER'S INTENTION TO CANCEL WITHIN 3 DAYS AFTER RECEIPT OF THE DISCLOSURE SUMMARY OR PRIOR TO CLOSING, WHICHEVER OCCURS FIRST. ANY PURPORTED WAIVER OF THIS VOIDABILITY RIGHT HAS NO EFFECT. BUYER'S RIGHT TO VOID THIS CONTRACT SHALL TERMINATE AT CLOSING.

BUYER SHOULD NOT EXECUTE THIS CONTRACT UNTIL BUYER HAS RECEIVED AND READ THIS DISCLOSURE.

Disclosure Summary For Wellington at Bayside Lakes Sentry Management  
(Name of Community)

1. AS A BUYER OF PROPERTY IN THIS COMMUNITY, YOU WILL BE OBLIGATED TO BE A MEMBER OF A HOMEOWNERS' ASSOCIATION ("ASSOCIATION").
2. THERE HAVE BEEN OR WILL BE RECORDED RESTRICTIVE COVENANTS ("COVENANTS") GOVERNING THE USE AND OCCUPANCY OF PROPERTIES IN THIS COMMUNITY.
3. YOU WILL BE OBLIGATED TO PAY ASSESSMENTS TO THE ASSOCIATION. ASSESSMENTS MAY BE SUBJECT TO PERIODIC CHANGE. IF APPLICABLE, THE CURRENT AMOUNT IS \$ 245.00 PER Quarter. YOU WILL ALSO BE OBLIGATED TO PAY ANY SPECIAL ASSESSMENTS IMPOSED BY THE ASSOCIATION. SUCH SPECIAL ASSESSMENTS MAY BE SUBJECT TO CHANGE. IF APPLICABLE, THE CURRENT AMOUNT IS \$ N/A PER N/A.
4. YOU MAY BE OBLIGATED TO PAY SPECIAL ASSESSMENTS TO THE RESPECTIVE MUNICIPALITY, COUNTY, OR SPECIAL DISTRICT. ALL ASSESSMENTS ARE SUBJECT TO PERIODIC CHANGE.
5. YOUR FAILURE TO PAY SPECIAL ASSESSMENTS OR ASSESSMENTS LEVIED BY A MANDATORY HOMEOWNERS' ASSOCIATION COULD RESULT IN A LIEN ON YOUR PROPERTY.
6. THERE MAY BE AN OBLIGATION TO PAY RENT OR LAND USE FEES FOR RECREATIONAL OR OTHER COMMONLY USED FACILITIES AS AN OBLIGATION OF MEMBERSHIP IN THE HOMEOWNERS' ASSOCIATION. IF APPLICABLE, THE CURRENT AMOUNT IS \$ N/A PER N/A.
7. THE DEVELOPER MAY HAVE THE RIGHT TO AMEND THE RESTRICTIVE COVENANTS WITHOUT THE APPROVAL OF THE ASSOCIATION MEMBERSHIP OR THE APPROVAL OF THE PARCEL OWNERS.
8. THE STATEMENTS CONTAINED IN THIS DISCLOSURE FORM ARE ONLY SUMMARY IN NATURE, AND, AS A PROSPECTIVE PURCHASER, YOU SHOULD REFER TO THE COVENANTS AND THE ASSOCIATION GOVERNING DOCUMENTS BEFORE PURCHASING PROPERTY.
9. THESE DOCUMENTS ARE EITHER MATTERS OF PUBLIC RECORD AND CAN BE OBTAINED FROM THE RECORD OFFICE IN THE COUNTY WHERE THE PROPERTY IS LOCATED, OR ARE NOT RECORDED AND CAN BE OBTAINED FROM THE DEVELOPER.

DATE BUYER

DATE BUYER

**B. HOMEOWNERS' ASSOCIATION/COMMUNITY DISCLOSURE (CONTINUED)****PART B.**

The Property is located in a community with a mandatory homeowners' association or an association that may require the payment of assessments, charges, or impose restrictions on the Property ("Association").

1. **APPROVAL:** The Association's approval of Buyer (CHECK ONE): ☐ is ☒ is not required. If Association approval of this transaction or the Buyer is required, this Contract is contingent upon Association approval no later than \_\_\_\_\_ (if left blank, then 5) days prior to Closing. Within \_\_\_\_\_ (if left blank, then 5) days after Effective Date, the Seller shall initiate the approval process with Association. Buyer shall pay application and related fees, as applicable, unless otherwise provided for in Association governing documents or agreed to by the parties. Buyer and Seller shall sign and deliver any documents required by the Association, provide for interviews or personal appearances, if required, and use diligent effort to timely obtain Association approval. If approval is not granted within the stated time period above, Buyer may terminate this Contract, and shall be refunded the Deposit, thereby releasing Buyer and Seller from all further obligations under this Contract.
2. **PAYMENT OF FEES, ASSESSMENTS, AND OTHER ASSOCIATION CHARGES:**
  - (a) Buyer shall pay any application, initial contribution, and/or membership or other fees charged by Association pursuant to its governing documents or applicable Florida Statutes. If applicable, the current amount(s) is:
 

|          |           |           |          |
|----------|-----------|-----------|----------|
| \$ _____ | per _____ | for _____ | to _____ |
| \$ _____ | per _____ | for _____ | to _____ |
| \$ _____ | per _____ | for _____ | to _____ |
| \$ _____ | per _____ | for _____ | to _____ |
  - (b) If special or other assessments levied by the Association exist as of the Effective Date, or any assessment(s) are levied after the Effective Date and prior to the Closing Date, and are due and payable in full prior to Closing Date, then Seller shall pay all such assessment(s) prior to or at Closing; or, if any such assessment(s) may be paid in installments, then Seller shall pay all installments which are due before Closing Date, prior to or at Closing, and (CHECK ONE): ☐ Buyer ☐ Seller (if left blank, then Buyer) shall pay installments due after Closing Date. **If Seller is checked, Seller shall pay the assessment in full prior to or at the time of Closing.**
  - (c) Seller shall pay, prior to or at Closing, all fines imposed against the Seller or the Property by the Association which exist as of the Closing Date and any fees the Association charges to provide information about the Property, assessment(s) and fees.

**The Association or Management Company to which assessments, special assessments or rent/land use fees are due and payable, is/are:**

Wellington at Bayside Lakes Sentry Management

**Contact Person** \_\_\_\_\_  
**Phone** 321-638-8880  
**Email** communitycare@sentrymgt.com

**Contact Person** \_\_\_\_\_  
**Phone** \_\_\_\_\_  
**Email** \_\_\_\_\_

**Additional contact information can be found on the Association's website, which is:**

**www.** sentrymgt.com



### HOA Information

Required Information for Prospective Buyers

#### Property Information

|          |                                   |
|----------|-----------------------------------|
| Address: | 1280 DILLARD DR SE Palm Bay 32909 |
|----------|-----------------------------------|

#### HOA Information

|                                                                 |                                                    |                                        |                                                           |
|-----------------------------------------------------------------|----------------------------------------------------|----------------------------------------|-----------------------------------------------------------|
| Property Management Company:                                    | Property Management Website:                       |                                        |                                                           |
| HOA addendum please review.                                     |                                                    |                                        |                                                           |
| Contact Name:                                                   | Contact Phone Number:                              | Contact Email:                         |                                                           |
| Community/Association Website:                                  | HOA Fees   Frequency:                              | What does the Association Fee Include? |                                                           |
| Community Amenities:                                            |                                                    |                                        | 55+ Community: Yes No <input checked="" type="checkbox"/> |
| Pending Assessments: Yes No <input checked="" type="checkbox"/> | If Yes, Explain and Provide the Assessment Amount: |                                        |                                                           |

#### Buyer Information

|                                                                    |                                     |                                 |                                           |
|--------------------------------------------------------------------|-------------------------------------|---------------------------------|-------------------------------------------|
| Buyer Approval: Yes No <input checked="" type="checkbox"/>         | **If Yes, Please Provide the Form** | Buyer Approval Fee Amt:         | Buyer Approval Acceptance Period:         |
| First Right of Refusal: Yes No <input checked="" type="checkbox"/> | **If Yes, Please Provide the Form** | First Right of Refusal Fee Amt: | First Right of Refusal Acceptance Period: |

#### Rental Restrictions

|                                                   |                         |                                     |                          |
|---------------------------------------------------|-------------------------|-------------------------------------|--------------------------|
| Rentals Allowed: Yes No                           | Tenant Approval: Yes No | **If Yes, Please Provide the Form** | Tenant Approval Fee Amt: |
| Lease Allowed During 1 <sup>st</sup> Year: Yes No | Rental Period Minimum:  | Additional Info:                    |                          |

#### Misc Restrictions

|                                         |                                    |                                                       |                               |  |
|-----------------------------------------|------------------------------------|-------------------------------------------------------|-------------------------------|--|
| Pet Restrictions: Yes No                | Total # of Pets Allowed:           | Weight Limit:                                         | Type of Pets Allowed:         |  |
| In-Ground Pool Installs Allowed: Yes No | RV/Boat Parking Allowed: Yes No    | Fencing Allowed: Yes No                               | Truck Parking Allowed: Yes No |  |
| For Sale Signs Allowed: Yes No          | Explain Special Sign Requirements: | For Condo's, Specific Location for Lockbox Placement: |                               |  |

#### Required Documentation – The Agent Must Receive the Following Documentation within 72 hours of the Signed Listing Agreement

|                                                                                          |
|------------------------------------------------------------------------------------------|
| Email the Following Documents Directly to Your Agent OR to Listings@CarpenterKessel.com: |
| Declarations                                                                             |
| Rules & Regulations                                                                      |
| By Laws                                                                                  |
| Amendments                                                                               |
| Financial Documents Including Budget & Reserves (Condos Only)                            |
| Meeting Minutes - Last Three Meetings (Condos Only)                                      |

Seller 1 Signature: Cathy Tex Kahle  
James P. Tex by Cathy Tex Kahle as his attorney in fact

Date: May 27, 2026

Seller 2 Signature: \_\_\_\_\_

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



|                   |             |                                   |  |
|-------------------|-------------|-----------------------------------|--|
| Seller 1:         | James P Tex | Seller 2:                         |  |
| Property Address: |             | 1280 DILLARD DR SE Palm Bay 32909 |  |

**YES** = It's on the property and **WILL CONVEY** | **NO** = It's on the property and **WILL NOT** convey | **N/A** = It's **NOT ON THE PROPERTY** and doesn't apply

| Item                                                                                                               | Yes                                 | No | N/A                                 |
|--------------------------------------------------------------------------------------------------------------------|-------------------------------------|----|-------------------------------------|
| Water Heater(s): Qty <u>1</u><br><u>    </u> Tankless <u>    </u> Gas <input checked="" type="checkbox"/> Electric | <input checked="" type="checkbox"/> |    |                                     |
| Generator:<br><u>    </u> Electric <u>    </u> Propane <u>    </u> Natural Gas                                     |                                     |    | <input checked="" type="checkbox"/> |
| Storm Shutters   Panels:<br><u>    </u> Electric <u>    </u> Manual <u>    </u> Both                               | <input checked="" type="checkbox"/> |    |                                     |
| Awnings: <u>    </u> Electric <u>    </u> Manual                                                                   |                                     |    | <input checked="" type="checkbox"/> |
| Propane Tank: <u>    </u> Owned <u>    </u> Leased                                                                 |                                     |    | <input checked="" type="checkbox"/> |
| Central Vac System   Equip + Accessories                                                                           |                                     |    | <input checked="" type="checkbox"/> |
| Security Gate Remotes(s): Qty <u>    </u>                                                                          |                                     |    | <input checked="" type="checkbox"/> |
| Garage Door Opener(s): Qty <u>1</u>                                                                                | <input checked="" type="checkbox"/> |    |                                     |
| Garage Door Remote(s): Qty <u>2</u>                                                                                | <input checked="" type="checkbox"/> |    |                                     |
| Smart Doorbell                                                                                                     |                                     |    | <input checked="" type="checkbox"/> |
| Smart Thermostat(s) Qty <u>1</u>                                                                                   | <input checked="" type="checkbox"/> |    |                                     |
| Summer Kitchen Grill                                                                                               |                                     |    | <input checked="" type="checkbox"/> |
| Pool: <input checked="" type="checkbox"/> Salt <u>    </u> Chlorine                                                | <input checked="" type="checkbox"/> |    |                                     |
| Pool Heater: <u>    </u> Gas <u>    </u> Elec <u>    </u> Solar                                                    |                                     |    | <input checked="" type="checkbox"/> |
| Hot Tub   Spa: Heated: Yes    No                                                                                   |                                     |    | <input checked="" type="checkbox"/> |
| Pool Cleaning Equipment                                                                                            |                                     |    |                                     |
| Pool – Child Fence   Barrier                                                                                       |                                     |    | <input checked="" type="checkbox"/> |
| Storage Shed                                                                                                       |                                     |    | <input checked="" type="checkbox"/> |
| Potted Plants   Lawn Ornaments   Fountains                                                                         |                                     |    | <input checked="" type="checkbox"/> |
| Intercom                                                                                                           |                                     |    | <input checked="" type="checkbox"/> |
| TV's: Qty <u>    </u> TV Mounts: Qty <u>    </u>                                                                   |                                     |    | <input checked="" type="checkbox"/> |
| Security System: <u>    </u> Owned <u>    </u> Leased<br>Cameras: <u>    </u> Yes <u>    </u> No                   |                                     |    | <input checked="" type="checkbox"/> |
| Surround Sound (With Components)<br>Speakers: <u>    </u> Yes <u>    </u> No                                       |                                     |    | <input checked="" type="checkbox"/> |
| Satellite Dish   TV Antenna<br><u>    </u> Leased <u>    </u> Owned                                                |                                     |    | <input checked="" type="checkbox"/> |
| Other   Notes:                                                                                                     |                                     |    |                                     |

Buyer 2: \_\_\_\_\_ Date: \_\_\_\_\_



**CARPENTER | KESSEL**  
HOMESELLING TEAM

## FREQUENTLY ASKED QUESTIONS

### Important Information for Prospective Buyers

#### Property Information

|                                   |                                         |          |                           |
|-----------------------------------|-----------------------------------------|----------|---------------------------|
| Address:                          |                                         |          |                           |
| 1280 DILLARD DR SE Palm Bay 32909 |                                         |          |                           |
| Home Warranty:                    | Yes                                     | No       | If yes, Company   Number: |
|                                   |                                         | <b>X</b> |                           |
| Lawn Service   Number:            | WBM Maintenance                         |          | Pool Company   Number:    |
|                                   |                                         |          | Owner                     |
| Pest Company   Number:            | Massey- pest, irrigation, and landscape |          | Termite Company   Number: |
|                                   |                                         |          | Massey                    |
| Transferable Bond:                |                                         | Yes      | No                        |
|                                   |                                         | <b>X</b> |                           |

#### Utility Information

|                                    |                     |           |                           |
|------------------------------------|---------------------|-----------|---------------------------|
| Trash Pick-Up Days                 | Trash:              | Yard:     | Recycle:                  |
| Tuesday/Friday                     | Friday bulk pickup  | Wednesday |                           |
| Approximate Utility Cost Per Month | Electric:           | Gas:      | Water:                    |
|                                    | Estimated \$ 80-100 | N/A       |                           |
| Heat Source:                       | Electric            | Gas       |                           |
|                                    | <b>X</b>            |           |                           |
| Water Source:                      | City Water          | Well      | Sprinkler System Runs On: |
|                                    | <b>X</b>            |           | Well                      |
| City                               | Reclaimed           |           |                           |
| Plumbing Source:                   | Sewer               | Septic    | Septic Location:          |
|                                    | <b>X</b>            |           |                           |

#### Property Specifics

|                                     |      |                           |                      |                                                   |
|-------------------------------------|------|---------------------------|----------------------|---------------------------------------------------|
| Roof Age:                           | 2013 | Heating & A/C System Age: | 2013                 | Water Heater Age:                                 |
| Water Depth at Dock:                | N/A  | Waterfront Footage:       | N/A                  | Type of Fencing:                                  |
|                                     |      |                           |                      | Vinyl fencing-Backyard completely fenced- 2 gates |
| Type of Flooring:                   | Tile |                           | Type of Countertops: | Granite                                           |
| Property Features   Updates   Year: |      |                           |                      |                                                   |

#### Are You Providing a Copy of:

|                             |     |          |                                      |     |          |         |          |    |
|-----------------------------|-----|----------|--------------------------------------|-----|----------|---------|----------|----|
| Wind Mitigation:            | Yes | No       | Four-Point Inspection:               | Yes | No       | Survey: | Yes      | No |
|                             |     | <b>X</b> |                                      |     | <b>X</b> |         | <b>X</b> |    |
| Insurance Declaration Page: | Yes | No       | Approximate Insurance Cost Per Year: |     |          |         |          |    |
|                             |     | <b>X</b> | 2,347.98                             |     |          |         |          |    |

Seller 1 Signature: James P. Tex by Cathy Tex Kahle as his attorney in fact

Date: May 27, 2026

Seller 2 Signature: \_\_\_\_\_

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

**FREQUENTLY ASKED QUESTIONS****Important Information for Prospective Buyers****Property Defects**

Please list any items on the property that are not working and/or are defective (e.g. pool light does not turn on, ice maker does not work, etc.)

Seller 1 Signature: Cathy Tex Kahle Date: May 27, 2026  
James P. Tex by Cathy Tex Kahle as his attorney in fact  
Seller 2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Floor 1

Floor plans/tour cannot be used for building or design purposes. Sizes and dimensions are approximate.