

Oceanside Terrace Condominium Association, Inc.

c/o Sea Breeze Community Management Services, Inc.

4227 Northlake Boulevard

Palm Beach Gardens, FL. 33410

Phone: (561) 626-0917 Fax: (561) 626-7143

www.seabreezecms.com

April 23, 2018

IMPORTANT UPDATES

Dear Oceanside Terrace Owners:

This letter serves as an update for Oceanside Terrace, including but not limited to the roof, perimeter fence, and the insurance claim.

Special Assessment: Pursuant to the Special Assessment Meeting on Tuesday, April 10, 2018, the Oceanside Terrace Board of Directors approved the special assessment to be levied on all units. Owners will receive an invoice for a total amount of \$2,160.00 within the next couple of weeks, with a due date of September 1, 2018.

The Special Assessment total amount is \$172,800.00 to cover the Insurance Deductible and the Reserve Fund Partial Reimbursement. The Special Assessment will be broken down as follows:

1. The Insurance Deductible is \$168,000.00. The share for each unit will be \$2,100.00.
2. The first reserve fund partial reimbursement is \$4,800.00. The share of this first partial reimbursement payment for each unit will be \$60.00.

Proof of Loss Claim Form: Attached is the Proof of Loss Claim Form for you to submit to your insurance company. Pursuant to Florida Statutes, Condominium Owners are required to include the Loss of Assessment with their HO6 policy. Accordingly, you should be reimbursed the initial \$2,000.00 insurance deductible.

Roof Update: This past week, a pre-construction meeting was held on the property with Campany Roof Maintenance, and Les Knopf, the Roof Consultant for the Association. The purpose of the meeting was to review and determine the logistics of the roofing project.

The roof work is to start on Building 16 which has the most damage. The work will move to Building 1 through 10, and progress to building 20 and the pool. The work will commence upon issuance of the permits by the Town of Jupiter. It is anticipated the permits will be approved within the next three weeks, with an estimated starting date for the roof project to begin around the week of May 7th, weather and conditions permitting.

The working days approved for Campany Roof Maintenance are Monday through Saturday from 7:30 AM until 6:00 PM, weather and conditions permitting. There will be two portable

toilets for the crew, initially starting to the far end of the parking area between Buildings 7 and Building 8. The area will also be used throughout the project for extra materials and equipment. As the project expands, one portable will move to the end of the parking area between Buildings 13 and 14. There will be plenty of parking at this time of the year. There may be some inconveniences; patience and cooperation will be required. Owners are responsible for advising their renters and guests of the work.

Company Roof Maintenance will have a person beneath active work areas so if any resident wishes to enter or leave their unit, they can notify the Company Roof Maintenance crew member who will stop the crew long enough to allow safe ingress or egress. Owners are responsible for advising their renters and guests of the same.

As one building nears completion, notices will be posted several days in advance on each door of the next building that the roof project will be there next. Owners are responsible for advising their renters and guests of the same.

Because of the individual shakes and conditions of the older roofs, the removal will be demolition at its best. Owners need to prepare accordingly. Owners are responsible for the removal or moving of personal items including but not limited to tables, chairs, plants, decorative items, wall decorations/pictures etc. in all courtyards, lanais and patios. If you have a pool or spa, Company Roof Maintenance will place a tarp over it while under construction. Owners are responsible for advising their renters and guests of the same.

Once in full production, the roofing project is scheduled to be completed within sixty (60) working days, Monday through Saturday, weather and conditions permitting.

Owner Responsibility: There are specific components that will be an owner's responsibility to pay for. The Oceanside Terrace Board of Directors have mandated that the specific additional cost will be applied to the owner's account.

- Skylights: Each unit will receive one 2' x 2' skylight. Additional 2' x 2' skylights will be \$250.00 each. Any different size skylights need to be addressed directly with Company Roof Maintenance Roofing and approved by the Oceanside Terrace Board of Directors before installation. *Additional skylights must be paid in advance.
- Gutters: Company Roof Maintenance will attempt to reuse gutters and downspouts. If the gutters cannot be salvaged, the replacement will include 7" gutters at \$9.00 per linear foot of gutters and will be charged back to the individual unit owner.
- Fascia: Company Roof Maintenance will take photos and record each unit requiring rotted fascia replacement. The cost for a 1x6 is \$4.50 per linear foot and a 1x3 is \$2.50 per linear foot. The cost will be charged back to the individual unit owners' account.
- Lanai Screens: Company Roof Maintenance will do their best to support and replace screens but since each unit that has a lanai was done individually, and with a new type of roof being put on, the owners of such units will be informed of any changes they may

need to make. For example, a metal roof will require steel screws for the lanais and older lanais may need additional repairs. The costs will be at the owner's expense and responsibility to arrange for repairs / replacement; it is not part of the roofing project.

Other News: The new perimeter fence is being installed now. It will take approximately two to three weeks, weather and conditions permitting.

Many Oceanside Terrace owners and guests will be departing over the next couple of months. We will continue to provide communications as information becomes available. Watch for emails for additional correspondences. Please be sure to send us your email address if you have not already done so.

Please remember to advise your tenants, real estate agents, and whoever watches over your unit in your absence of these activities. If you do not have an individual or absentee owner service company to watch your unit in your absence, it is recommended that you do so.

The roofing project, once it begins, will go fast. Campany Roof Maintenance will have full crews and defined systems for roofing. Full cooperation and patience will be required of all owners.

Once construction has started, owners are to forward any questions and or concerns they have via email to: **courtney@seabreezecms.com** at Seabreeze Community Management Services. Please refrain from questions or discussions with the working crews. Board members Patti Murdoch and Sherry Raber, will also assist with questions and answers when they are available and / or they will forward questions to the appropriate contact person.

Thank you for your cooperation and patience.

Oceanside Terrace COA, Inc.
Board of Directors

Enclosures:

Notice Interior / Exterior Inspections
Proof of Loss Forms 3 pages

OCEANSIDE TERRACE COA, INC.

IMPORTANT MEMO

To: Oceanside Terrace COA, Inc. Owners
From: Oceanside Terrace Board of Directors
Date: April 23, 2018
Re: **INTERIOR AND EXTERIOR INSPECTION**
ALL UNITS - ACCESS REQUIRED

Interior inspections of all units is required, and must be completed before the re-roofing begins in early May. A member of the Board of Directors will provide access to the units and will assist a Company Roof Maintenance representative so that existing interior and exterior property damages are recorded. They will start the inspections at Building 16, then to Buildings 1 through 10. It is estimated that it will take less than ten minutes per unit.

Scheduling and coordinating the inspections has been challenging due to the number of people involved. We have stated before, owner cooperation and patience is required.

We need to get this underway immediately, therefore, this memo is to advise owners to make key arrangements for access at this time. Owners or their renters who will not be available during the inspections should leave a key with someone who will be available to access their unit. You can also give your key to a Board member.

This notice is being mailed that will take more time! Therefore, it will be sent via email to owners and then posted on the webpage (www.seabreezecms.com) and also at the mailboxes. The inspections will start within the next ten days.

Additional notices on the specific buildings, days/dates, and starting time, will be sent out via email, posted on the doors, as well as at the mailboxes 24 to 48 hours in advance.

If you have additional questions or comments, please send via email only to the Oceanside Terrace Property Manager: courtney@seabreezecms.com.

If access is not made available for units, Company Roof Maintenance, Oceanside Terrace COA, Inc., Board of Directors, and Sea Breeze CMS, Inc. will not be responsible for damages due to the roofing project. Owners are responsible for advising their renters and guests of the same.

Thank you for your cooperation.

SWORN STATEMENT

AMOUNT OF POLICY AT TIME OF LOSS

70% of \$9,017,082 per occurrence

POLICY/CLAIM NO.

AQS-162762 / HAQS-162762 / 915218

IN

DATE ISSUED

September 18, 2016

PROOF OF LOSS

AGENT

Tequesta Agency

DATE EXPIRES

September 18, 2017

AGENCY AT

Tequesta, FL

To the Certain Underwriters at Lloyd's, London of London, England

At the time of loss, by the above indicated policy of insurance, you insured

Oceanside Terrace Condominium Association

against loss by all perils unless excluded to the property described according to the terms and conditions of said policy and of all forms, endorsements, transfers and assigns attached hereto.

1. TIME AND ORIGIN: A property loss occurred about the hour of o'clock .m., on the 10th day of September, 2017, the cause and origin of said loss were: wind at 1801 S. US Hwy 1, Jupiter FL 33477

2. OCCUPANCY: The building described, or containing the property described, was occupied at the time of the loss as follows, and for no other purpose whatever: condominium

3. TITLE AND INTEREST: At the time of the loss, the interest of your insured in the property described therein was as owner No other person or persons had any interest therein or encumbrances thereon, except: nil

4. CHANGES: Since the said policy was issued, there has been no assignment thereof, or change of interest, use, occupancy, possession, location or exposure of the property described, except: nil

5. TOTAL INSURANCE: The total amount of insurance upon the property described by this policy was, at the time of the loss, \$ 9,017,082, as more particularly specified in the apportionment attached, besides which there was no policy or other contract of insurance, written or oral, valid or invalid.

Table with 2 columns: Description and Amount. Rows include Full Replacement Cost, Full Cost of Repair or Replacement, Applicable Depreciation or Betterment, Actual Cash Value Loss, Less Deductibles, Less Prior Payment(s), and Actual Cash Value Claim.

13. Supplemental Claim for Recoverable Depreciation To be filed in accordance with the terms and conditions of the Replacement Cost Coverage within 180 days from the date of Loss as shown above.

The furnishing of this blank or the preparation of proofs by a representative of the above insurance company is not a waiver of any of its rights.

State of _____

X Eileen Floyd Insured

County of _____

X Eileen Floyd

Subscribed and sworn to before me this _____ day of _____ 20 _____

Pursuant to 5. 817.234, Florida Statutes, any person who, with the intent to injure, defraud, or deceive any insurer or insured, prepares, presents, or causes to be presented a proof of loss or estimate of cost or repair of damaged property in support of a claim under an insurance policy knowing that the proof of loss or estimate of claim or repairs contains any false, incomplete, or misleading information concerning any fact or thing material to the claim commits a felony of the third degree, punishable as provided in 5. 775.082, 5. 775.083, or 5. 775.084, Florida Statutes.

SWORN STATEMENT

AMOUNT OF POLICY AT TIME OF LOSS

9% of \$9,017,082 per occurrence

POLICY/CLAIM NO.

HCP016-00762-00 / 915218-1

IN

DATE ISSUED

September 18, 2016

AGENT

Tequesta Agency

PROOF OF LOSS

DATE EXPIRES

September 18, 2017

AGENCY AT

Tequesta, FL

To the Hamilton Specialty Insurance Company

of

At the time of loss, by the above indicated policy of insurance, you insured

Oceanside Terrace Condominium Association

against loss by all perils unless excluded to the property described according to the terms and conditions of said policy and of all forms, endorsements, transfers and assigns attached hereto.

1. TIME AND ORIGIN: A property loss occurred about the hour of o'clock .m., on the 10th day of September, 2017, the cause and origin of said loss were: wind at 1801 S. US Hwy 1, Jupiter FL 33477

2. OCCUPANCY: The building described, or containing the property described, was occupied at the time of the loss as follows, and for no other purpose whatever: condominium

3. TITLE AND INTEREST: At the time of the loss, the interest of your insured in the property described therein was as owner. No other person or persons had any interest therein or encumbrances thereon, except: nil

4. CHANGES: Since the said policy was issued, there has been no assignment thereof, or change of interest, use, occupancy, possession, location or exposure of the property described, except: nil

5. TOTAL INSURANCE: The total amount of insurance upon the property described by this policy was, at the time of the loss, \$ 9,017,082, as more particularly specified in the apportionment attached, besides which there was no policy or other contract of insurance, written or oral, valid or invalid.

6. Full Replacement Cost of said property at the time of the loss was \$ unknown

7. The Full Cost of Repair or Replacement is \$ to be determined

8. Applicable Depreciation or Betterment is \$ to be determined

9. Actual Cash Value Loss is (Line 7 minus Line 8) \$ 63,919.19

10. Less Deductibles and/or participation by the Insured \$ 23,919.19

11. Less Prior Payment(s) \$ 0

12. Actual Cash Value Claim is (Line 9 minus (Line 10 & 11)) \$ 40,000.00

13. Supplemental Claim for Recoverable Depreciation To be filed in accordance with the terms and conditions of the Replacement Cost Coverage within 180 days from the date of Loss as shown above. \$

The furnishing of this blank or the preparation of proofs by a representative of the above insurance company is not a waiver of any of its rights.

State of

X Eileen Floyd Insured

County of

X Eileen Floyd

Subscribed and sworn to before me this day of 20

Pursuant to 5. 817.234, Florida Statutes, any person who, with the intent to injure, defraud, or deceive any insurer or insured, prepares, presents, or causes to be presented a proof of loss or estimate of cost or repair of damaged property in support of a claim under an insurance policy knowing that the proof of loss or estimate of claim or repairs contains any false, incomplete, or misleading information concerning any fact or thing material to the claim commits a felony of the third degree, punishable as provided in 5. 775.082, 5. 775.083, or 5. 775.084, Florida Statutes.

SWORN STATEMENT

AMOUNT OF POLICY AT TIME OF LOSS

17.5% of \$9,017,082 per occurrence

POLICY/CLAIM NO.

TR00093911600762 / 915218-2

IN

PROOF OF LOSS

DATE ISSUED

September 18, 2016

AGENT

Tequesta Agency

DATE EXPIRES

September 18, 2017

AGENCY AT

Tequesta, FL

To the General Security Indemnity Company of Arizona

of

At the time of loss, by the above indicated policy of insurance, you insured

Oceanside Terrace Condominium Association

against loss by all perils unless excluded to the property described according to the terms and conditions of said policy and of all forms, endorsements, transfers and assigns attached hereto.

1. TIME AND ORIGIN: A property loss occurred about the hour of o'clock .m., on the 10th day of September, 2017, the cause and origin of said loss were: wind at 1801 S. US Hwy 1, Jupiter FL 33477

2. OCCUPANCY: The building described, or containing the property described, was occupied at the time of the loss as follows, and for no other purpose whatever: condominium

3. TITLE AND INTEREST: At the time of the loss, the interest of your insured in the property described therein was as owner No other person or persons had any interest therein or encumbrances thereon, except: nil

4. CHANGES: Since the said policy was issued, there has been no assignment thereof, or change of interest, use, occupancy, possession, location or exposure of the property described, except: nil

5. TOTAL INSURANCE: The total amount of insurance upon the property described by this policy was, at the time of the loss, \$ 9,017,082, as more particularly specified in the apportionment attached, besides which there was no policy or other contract of insurance, written or oral, valid or invalid.

6. Full Replacement Cost of said property at the time of the loss was \$ unknown

7. The Full Cost of Repair or Replacement is \$ to be determined

8. Applicable Depreciation or Betterment is \$ to be determined

9. Actual Cash Value Loss is (Line 7 minus Line 8) \$ 126,509.54

10. Less Deductibles and/or participation by the Insured \$ 46,509.54

11. Less Prior Payment(s) \$ 0

12. Actual Cash Value Claim is (Line 9 minus (Line 10 & 11)) \$ 80,000.00

13. Supplemental Claim for Recoverable Depreciation To be filed in accordance with the terms and conditions of the Replacement Cost Coverage within 180 days from the date of Loss as shown above. \$

The furnishing of this blank or the preparation of proofs by a representative of the above insurance company is not a waiver of any of its rights.

State of

X Eileen Floyd Insured

County of

X Eileen Floyd

Subscribed and sworn to before me this day of 20

Pursuant to 5. 817.234, Florida 5tatutes, any person who, with the intent to injure, defraud, or deceive any insurer or insured, prepares, presents, or causes to be presented a proof of loss or estimate of cost or repair of damaged property in support of a claim under an insurance policy knowing that the proof of loss or estimate of claim or repairs contains any false, incomplete, or misleading information concerning any fact or thing material to the claim commits a felony of the third degree, punishable as provided in 5. 775.082, 5. 775.083, or 5. 775.084, Florida Statutes.