

Seller's Property Disclosure - Condominium



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 10 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.

Florida law<sup>2</sup> entitles a prospective buyer, who has entered into a contract for the purchase of a condominium unit with a seller who is not a developer, at Seller's expense, to a current copy of the declaration of condominium, articles of incorporation of the association, bylaws and rules of the association, the most recent annual financial statement and annual budget and the "Frequently Asked Questions and Answers" document, if buyer requests these in writing. These documents, and meeting agendas and minutes, contain important matters to be considered before acquiring a condominium unit, such as recurring dues or fees; special assessments; capital contributions, penalties; and alteration, leasing, parking, pet, resale, vehicle and other types of restrictions.

Except for information provided in paragraph 6, 7, 8 and 9, the following information is only about the individual Unit specified below and not about any limited common element, any common element or the condominium association ("Association").

Seller makes the following disclosure regarding the property described as: 4849 Cypress Woods Dr 1302

Orlando FL 32811 (the "Unit").

The Unit is ☐ owner occupied ☐ tenant occupied ☒ unoccupied (if unoccupied, how long has it been since Seller occupied the unit? Less than a week)

|                                                                                                                                                                     | Yes                                 | No                                  | Don't Know               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| 1. Structures; Systems; Appliances                                                                                                                                  |                                     |                                     |                          |
| (a) Is the roof a common element maintained by the Association?                                                                                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| (b) To your knowledge, is roof of Unit structurally sound and free of leaks?                                                                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| (c) Are other structures, including ceilings; walls; doors and windows structurally sound and free of leaks?                                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| (d) Has any additional structural reinforcement been added to the Unit?                                                                                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (e) Are heating and cooling systems common elements maintained by the Association?                                                                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (f) To your knowledge, are heating and cooling systems in working condition, i.e., operating in a manner in which the item was designed to operate?                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| (g) Are existing major appliances and mechanical and electrical systems in working condition, i.e. operating in a manner in which the item was designed to operate? | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| (h) Are any of the appliances leased?                                                                                                                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| If yes, which ones: _____                                                                                                                                           |                                     |                                     |                          |
| (i) If the answer to questions 1(b), 1(c), 1(f), 1(g) is no, or if 1(d) is yes, please                                                                              |                                     |                                     |                          |

<sup>1</sup> Johnson v. Davis, 480 So.2d 625 (Fla. 1985).  
<sup>2</sup> Section 718.503(2), Florida Statutes.

Seller (KM) (\_\_\_\_\_) and Buyer (\_\_\_\_\_) (\_\_\_\_\_) acknowledge receipt of a copy of this page, which is Page 1 of 4 Pages.

One covered parking spot & one storage unit

|                                                                                                                                                                                                                                           | <u>Yes</u>                          | <u>No</u>                           | <u>Don't Know</u>                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| <b>7. The Association</b>                                                                                                                                                                                                                 |                                     |                                     |                                     |
| (a) Is there any proposed change to the Association's governing documents?                                                                                                                                                                | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| (b) Is there any proposed plan to materially alter the common elements?                                                                                                                                                                   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| (c) Is there any existing or threatened legal action by or against the Association?                                                                                                                                                       | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| (d) Has the Association ever been, or is it currently, involved in litigation or a claim over construction defects or defective building products?                                                                                        | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| (e) To your knowledge, is there any discussion of a conversion of the Condominium to something else?                                                                                                                                      | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| (f) To your knowledge, is there any effort by an investor or investor group to purchase units in the complex?                                                                                                                             | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| (g) Has an increase in fees or assessments been approved but not yet implemented?                                                                                                                                                         | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| (h) Is any portion of the Association's property located in a special flood hazard area?                                                                                                                                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (i) Is any portion of the Association's property located seaward of the coastal construction control line?                                                                                                                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (j) Does any past or present settling, soil movement, or sinkhole(s) affect any portion of the Association's property?                                                                                                                    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (k) Has there been any structural damage to any portion of the Association's Property?                                                                                                                                                    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (l) Has any additional structural reinforcement been added to any portion of the Associations' property?                                                                                                                                  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| (m) Are there any rental restrictions by the Association?                                                                                                                                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| (n) Are there any pet restrictions by the Association?                                                                                                                                                                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| (o) If any answer to questions 7(a)-7(n) is yes, please explain: _____<br><u>weight limit &amp; amount limit</u>                                                                                                                          |                                     |                                     |                                     |
| <b>8. Milestone Inspection &amp; Structural Integrity Reserve Study (F.S. 553.899)</b>                                                                                                                                                    |                                     |                                     |                                     |
| (a) Has anything appeared in the Association Agendas and or the Minutes regarding Milestone Inspection & Structural Integrity Reserve Study for your complex? _____                                                                       | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| (b) Has the Association budgeted for the cost of hiring an engineer to complete the Milestone Inspection & Structural Integrity Reserve Study? _____                                                                                      | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| (c) Has the Association hired an engineer to complete the Milestone Inspection & Structural Integrity Reserve Study yet? _____<br>If yes, what is the expected completion date for them? _____                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| (d) Has the Association passed or discussed raising fees or doing a Special Assessment to pay for costs associated with complying with the Milestone Inspection and/or Structural Integrity Reserve Study? _____<br>If yes, explain _____ | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| (Note: Further information may be disclosed by using the Milestone Inspection and Structural Integrity Reserve Study Disclosure)                                                                                                          |                                     |                                     |                                     |
| <b>9. Foreign Investment in Real Property Tax Act ("FIRPTA")</b>                                                                                                                                                                          |                                     |                                     |                                     |
| (a) Is the Seller subject to FIRPTA withholding per Section 1445 of the Internal Revenue Code?                                                                                                                                            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>If yes, Buyer and Seller should seek legal and tax advice regarding compliance.</b>                                                                                                                                                    |                                     |                                     |                                     |

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

Seller (KM) (\_\_\_\_\_) and Buyer (\_\_\_\_\_) (\_\_\_\_\_) acknowledge receipt of a copy of this page, which is Page 3 of 4 Pages.

explain: \_\_\_\_\_

|                                                                                                                                                                                                                                       | Yes                                 | No                                  | Don't Know                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| <b>2. Termites; Other Wood Destroying Organisms; Pests</b>                                                                                                                                                                            |                                     |                                     |                                     |
| (a) Are termites; other wood-destroying organisms, including fungi; or pests present in the Unit or has the Unit had any structural damage by them?                                                                                   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (b) Has the Unit been treated for termites; other wood-destroying organisms, including fungi; or pests?                                                                                                                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (c) If any answer to questions 2(a)-2(b) is yes, please explain: _____                                                                                                                                                                |                                     |                                     |                                     |
| <b>3. Water Intrusion; Plumbing; Flood Insurance</b>                                                                                                                                                                                  |                                     |                                     |                                     |
| (a) Has past or present water intrusion or flooding affected the Unit?                                                                                                                                                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (b) Are polybutylene pipes present in the Unit?                                                                                                                                                                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (c) Have past or present plumbing leaks or backups affected the Unit?                                                                                                                                                                 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (d) Have there been any leaks or water intrusion from units above or adjacent to your Unit or leaks or water intrusion from your Unit to units below or adjacent to it?                                                               | <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) If any answer to questions 3(a)-3(d) is yes, please explain: _____                                                                                                                                                                |                                     |                                     |                                     |
| <b>4. Fire Protection; Improvements; Alterations</b>                                                                                                                                                                                  |                                     |                                     |                                     |
| (a) Does the Unit have sprinklers for fire protection?                                                                                                                                                                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| If no, has the Association voted to forego retrofitting each unit with a fire sprinkler system?                                                                                                                                       | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| (b) Have any improvements or alterations to the Unit, whether by you or by others, been made without obtaining required Association approval?                                                                                         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (c) Have any improvements or alterations to the Unit, whether by you or by others, been made in violation of building codes or zoning restrictions or without necessary permits?                                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (d) Are any improvements located below the base flood elevation?                                                                                                                                                                      | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| (e) Have any improvements been constructed in violation of applicable local flood guidelines?                                                                                                                                         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (f) Are there any open permits on the Unit that have not been closed by a final inspection?                                                                                                                                           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (g) If any answer to questions 4(b)-4(f) is yes, please explain: _____                                                                                                                                                                |                                     |                                     |                                     |
| <b>5. Hazardous Substances</b>                                                                                                                                                                                                        |                                     |                                     |                                     |
| (a) Was the Property built before 1978?                                                                                                                                                                                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| If yes, please see Lead-Based Paint Disclosure.                                                                                                                                                                                       |                                     |                                     |                                     |
| (b) Does anything exist in the Unit that may be considered a hazardous substance, including, but not limited to, lead-based paint; asbestos; mold; radon gas; urea formaldehyde; methamphetamine contamination; or defective drywall? | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (c) Has there been any damage, clean up or repair to the Unit due to any of the substances or materials listed in subparagraph (b) above?                                                                                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| If any answer to questions 5(b)-5(c) is yes, please explain: _____                                                                                                                                                                    |                                     |                                     |                                     |
| <b>6. Limited Common Elements</b>                                                                                                                                                                                                     |                                     |                                     |                                     |
| (a) Are there any amenities outside the Unit, such as designated parking space(s), storage closet(s), boat slip(s), cabana(s), garage(s), carport(s), etc. that are for your exclusive use?                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| If yes, please identify the amenity and whether a separate deed or other legal document grants the exclusive right to use: _____                                                                                                      |                                     |                                     |                                     |

Seller (\_\_\_\_) (\_\_\_\_) and Buyer (\_\_\_\_) (\_\_\_\_) acknowledge receipt of a copy of this page, which is Page 2 of 4 Pages.

**Seller:**  / Kristen McAuliffe      **Date:** 10/8/26  
(signature) (print)

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

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