

ROGER PETTINGELL

Luxury Waterfront Specialist

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FREQUENTLY ASKED QUESTIONS

Date: 11/13/2019

Property Address: 100 CENTRAL AVE #G-613 Community Name: ONE HUNDRED CENTRAL

HOME • BUILDER • WARRANTY

Builder: KRAFT CONSTRUCTION Architect: BEAME ARCHITECTURAL

Year built: 2005 Survey provided: Yes No Floor Plan provided: Yes No

Type of flooring: HARDWOOD/ CARPET Renovations: Yes No (attach details)

Home warranty provided: Yes No Warranty transferrable: Yes No Security system: Yes No

Is the property located on water? Yes No Water depth: _____ High Tide: _____

Low Tide: _____ Seawall: Concrete Riprap Other None Seawall age: _____

Dock: Yes No Boat Lift: Yes No Lift weight limit: _____ Lift age: _____

Boating access: Yes No Bay access: Yes No Beach access: Yes No Bridge: Yes No

WINDOWS/SLIDERS

Windows: Age: 2005 Storm impact: Yes No Storm shutters: Yes No

Sliders: Age: 2005 Storm impact: Yes No Storm shutters: Yes No

APPLIANCES

Refrigerator: Age: 2005 Brand: GE PROFILE

Cooktop: Age: _____ Brand: _____

Range: Age: 2005 Brand: GE PROFILE

Oven: Age: _____ Brand: _____

Dishwasher: Age: 2005 Brand: GE PROFILE

Dryer: Age: 2005 Brand: GE PROFILE

Washer: Age: 2005 Brand: GE PROFILE

Water Heater: Age: ? Brand: _____ Gas Electric Tankless

Water Softener: Age: _____ Brand: _____

Air Conditioner(s): Age: 2019 Brand: _____

Number of zones: _____ Number of units: 1

Service contract: Yes No Service Provider: _____

UTILITIES • AVERAGE MONTHLY COSTS • PROVIDERS

Electricity: \$ _____ Provider: _____

Gas: \$ _____ Provider: _____

Water: \$ _____ Provider: PUBLIC

Cable: \$ _____ Provider: _____
Telephone: \$ _____ Provider: _____
Internet: \$ _____ Provider: _____

SERVICES • AVERAGE MONTHLY COSTS • PROVIDERS

Cleaning: Yes No \$ _____ Provider: N/A
Lawn: Yes No \$ _____ Provider: ASSOCIATION
Pest: Yes No \$ _____ Provider: ASSOCIATION
Termite: Yes No \$ _____ Provider: _____

Swimming Pool

Private pool: Yes No Community pool: Yes No Pool service: Yes No
Monthly service cost \$ _____ Service provider: ASSOCIATION
Age of pool: 2006 Depth: _____ Length: _____ Pool resurfaced? Yes No
Date pool resurfaced: _____ Pool Heated: Yes No Spa: Yes No Spa Heated: Yes No
Pool Features: Heat pump Solar heated Gas Chlorine Salt
New pool heater: Yes No Date: _____ New pool pump: Yes No Date: _____

INSURANCE

Elevation Certificate provided? Yes No Declaration page for each policy provided? Yes No
Hazard: Yes No \$ _____ Provider: _____
Wind: Yes No \$ _____ Provider: _____
Flood: Yes No \$ _____ Provider: _____
Contents: Yes No \$ _____ Provider: _____

ASSOCIATIONS

Homeowner's OR Condo Association: Yes No
Mandatory Optional
\$ 3,221.00 Monthly Quarterly Annually
Association documents provided: Bylaws Budget Financials
Name of management company: ONE HUNDRED CENTRAL CONDO ASSOCIATION
Contact/Phone/Email: DAVID DALY, 941-365-1005

Fee(s) include: Water/Sewer: Yes No
Cable: Yes No
Lawn maintenance: Yes No
Mandatory memberships: Yes No
Insurance: Yes No

Additional items included with fee(s)? **Maintenance exterior and grounds, manager, pest control, recreational facilities, security, trash, pool maintenance.**