

**CONDOMINIUM RESALE CERTIFICATE**

(Section 82.157 Texas Property Code)

Condominium Certificate concerning Condominium Unit 710, in Building 7, of Fourmont Condominiums, a condominium project, located at 4700 Boulder Dr. #710 (Address), City of Midland, TX 79707, County of _____, Texas, on behalf of the condominium owners association (the Association) by the Association's governing body (the Board).

- A. The Declaration ☐ does ☒ does not contain a right of first refusal or other restraint that restricts the right to transfer the Unit. If a right of first refusal or other restraint exists, see Section _____ of the Declaration.
- B. The periodic common expense assessment for the Unit is \$ 380⁰⁰ per month.
- C. There ☐ is ☒ is not a common expense or special assessment due and unpaid by the Seller to the Association. The total unpaid amount is \$ _____ and is for pd thru 11-30-25.
- D. Other amounts ☒ are ☐ are not payable by Seller to the Association. The total unpaid amount is \$ 50.00 and is for Resale Certificate.
- E. Capital expenditures approved by the Association for the next 12 months are \$ 0.
- F. Reserves for capital expenditures are \$ _____; of this amount \$ _____ has been designated for _____.
- G. The current operating budget of the Association is attached.
- H. The amount of unsatisfied judgments against the Association is \$ _____.
- I. There ☒ are ☐ are not any suits pending against the Association. The nature of the suits is Cotton Commercial USA Inc - V - FCI Condominiums CC# 22850.
- J. The Association ☐ does ☒ does not provide insurance coverage for the benefit of unit owners as per the attached summary from the Association's insurance agent.
- K. The Board ☐ has ☒ has no knowledge of alterations or improvements to the Unit or to the limited common elements assigned to the Unit or any portion of the project that violate any provision of the Declaration, by-laws or rules of the Association. Known violations are: _____.
- L. The Board ☐ has ☒ has not received notice from a governmental authority concerning violations of health or building codes with respect to the Unit, the limited common elements assigned to the Unit, or any other portion of the condominium project. Notices received are: _____.
- M. The remaining term of any leasehold estate that affects the condominium is _____ and the provisions governing an extension or a renewal of the lease are: N/A.
- N. The Association's managing agent is Mesa Carriers LLC (Name of Agent)
4700 Boulder Dr. Midland, TX 79707 (Mailing Address)
432-520-0998 (Telephone Number)

(Fax Number)

E-mail Address _____

4700 Boulder Dr. # 710 Midland, Texas 79707
(Address of Property)

O. Association fees resulting from the transfer of the unit described above \$ 50⁰⁰

P. Required contribution, if any, to the capital reserves account \$

REQUIRED ATTACHMENTS:

1. Operating Budget
2. Insurance Summary

NOTICE: The Certificate must be prepared no more than three months before the date it is delivered to Buyer.

Fairmont Homeowners Assoc.
Name of Association

By: Martha Reyes

Name: Martha Reyes

Title: accounts receivable

Date: 11-10-25

Mailing Address: 4700 Boulder Dr.
Midland, Texas 79707

E-mail: reyesmartha967@yahoo.com

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EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (12/27

THIS EVIDENCE OF COMMERCIAL PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

PRODUCER NAME, CONTACT PERSON AND ADDRESS FitzPatrick Ins Solutions 2900 North Quinlan Park Rd Suite 240-132 Austin TX 78732-	PHONE (A/C, No, Ext): (512)698-7868	COMPANY NAME AND ADDRESS Landmark American Insurance	NAIC NO: 33138
FAX (A/C, No): (888)974-5767	E-MAIL ADDRESS:	IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH	
CODE:	SUB CODE:	POLICY TYPE	
AGENCY CUSTOMER ID #: 353		LOAN NUMBER	POLICY NUMBER TBDP24-353-01
NAMED INSURED AND ADDRESS FCI Condominiums, Inc. Fairmont Condominiums c/o Stanley Wright Receiver 2324 Rogers Avenue Fort Worth TX 76109-		EFFECTIVE DATE 12/28/2024	EXPIRATION DATE 12/28/2025
ADDITIONAL NAMED INSURED(S)		☐ CONTINUED ☐ TERMINATED	
		THIS REPLACES PRIOR EVIDENCE DATED:	

PROPERTY INFORMATION (ACORD 101 may be attached if more space is required) ☒ BUILDING OR ☐ BUSINESS PERSONAL

LOCATION / DESCRIPTION
Location: Fairmont Condominiums, 4700 Boulder Drive, Midland, TX. 79707 (140,484 SF)

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COVERAGE INFORMATION	PERILS INSURED	BASIC	BROAD	☒ SPECIAL	
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ 5,000,000					DED: 50,000
	YES	NO	N/A		
☐ BUSINESS INCOME ☐ RENTAL VALUE			☒	If YES, LIMIT:	Actual Loss Sustained; # of
BLANKET COVERAGE		☒		If YES, indicate value(s) reported on property identified above: \$	
TERRORISM COVERAGE		☒		Attach Disclosure Notice / DEC	
IS THERE A TERRORISM-SPECIFIC EXCLUSION?	☒				
IS DOMESTIC TERRORISM EXCLUDED?	☒				
LIMITED FUNGUS COVERAGE		☒		If YES, LIMIT:	DED:
FUNGUS EXCLUSION (If "YES", specify organization's form used)	☒				
REPLACEMENT COST	☒				
AGREED VALUE		☒			
COINSURANCE		☒		If YES, %	
EQUIPMENT BREAKDOWN (If Applicable)		☒		If YES, LIMIT:	DED:
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg	☒			If YES, LIMIT: 5,000,000	DED: 50,000
- Demolition Costs	☒			If YES, LIMIT: See Remarks	DED: 50,000
- Incr. Cost of Construction	☒			If YES, LIMIT: See Remarks	DED: 50,000
EARTH MOVEMENT (If Applicable)		☒		If YES, LIMIT: Excluded	DED: Excluded
FLOOD (If Applicable)		☒		If YES, LIMIT: Excluded	DED: Excluded
WIND / HAIL INCL ☐ YES ☒ NO Subject to Different Provisions:		☒		If YES, LIMIT: Excluded	DED: Excluded
NAMED STORM INCL ☐ YES ☒ NO Subject to Different Provisions:		☒		If YES, LIMIT: Excluded	DED: Excluded
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS					

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE MUST BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

ADDITIONAL INTEREST