

# INFORMATION FOR DISCLOSURE STATEMENT

as at 22nd June 2023

Body Corporate

Name of Scheme:

**BARTLETT TERRACES**

Community Titles Scheme No:

**50628**

Lot Number:

**10**

Plan Number:

**290032**

Secretary

Name

**Mr Hien D Nguyen**

Address

**11/9 Bartlett Street  
MORNINGSIDE QLD 4170**

Telephone

Facsimile

Body Corporate  
Manager

Name

**Bright & Duggan (QLD) Pty Ltd**

Address

**Level 1 Suite 2  
193 Ferry Road  
SOUTHPORT QLD 4215**

Telephone

**5532 1900**

Facsimile

**5531 2029**

Contributions  
and Levies

Levies Determined by the Body Corporate for this Lot

Administrative Fund

Amount

Due Date

Discount

If paid by

**01/10/22 to 31/01/23**

**\$309.52**

**01/10/22**

**Nil**

**01/10/22**

**01/02/23 to 31/05/23**

**\$273.80**

**01/06/23**

**Nil**

**01/06/23**

**01/06/23 to 30/09/23**

**\$273.80**

**01/08/23**

**Nil**

**01/08/23**

**01/10/23\*\*\*\*31/01/24**

**\$285.70**

**01/10/23**

**Nil**

**01/10/23**

Sinking Fund

**01/10/22 to 31/01/23**

**\$178.57**

**01/10/22**

**Nil**

**01/10/22**

**01/02/23 to 31/05/23**

**\$178.60**

**01/06/23**

**Nil**

**01/06/23**

**01/06/23 to 30/09/23**

**\$178.60**

**01/08/23**

**Nil**

**01/08/23**

**01/10/23\*\*\*\*30/11/23**

**\$178.60**

**01/10/23**

**Nil**

**01/10/23**

## LEGAL OR RECOVERY COSTS ACCRUING

Body Corporate

Name of Scheme:

**BARTLETT TERRACES**

Community Titles Scheme No:

**50628**

Lot Number:

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Plan Number:

**290032**

Improvements on  
Common  
Property for  
which Buyer will  
be Responsible

INFORMATION FOR DISCLOSURE STATEMENT (continued)

Body Corporate  
Assets Required to  
be Recorded on  
Register

**There are no assets required to be recorded.**

Committee

Information  
prescribed under  
Regulation  
Module

**Nil**

Signing



\_\_\_\_\_  
Seller/Sellers Agent

\_\_\_\_\_  
Witness

**5/7/2023**

\_\_\_\_\_  
Date

Buyers  
Acknowledgement

The Buyer acknowledges having received and read this statement from the Seller before entering into the contract.

\_\_\_\_\_  
Buyer

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

## Additional Information

<b>Body Corporate</b>	Name of Scheme:	<b>BARTLETT TERRACES</b>		
	Community Titles Scheme No:	<b>50628</b>		
	Lot Number:	<b>10</b>	Plan Number:	<b>290032</b>
<b>Lot Entitlements and Other Matters</b>	Interest Schedule	Aggregate	<b>10000</b>	Entitlement of Lot <b>722</b>
	Contribution Schedule	Aggregate	<b>140</b>	Entitlement of Lot <b>10</b>
	Balance of Sinking fund at end of last Financial Year	<b>28,698.04</b>	as at	<b>30/09/22</b>
	Insurance Levies not included in Administrative Fund Levies:	<b>See Annexure</b>		
	Monetary Liability under Exclusive Use By-Law	<b>Not applicable (TS)</b>		

Insurance	Type	Company	Policy No	Sum Insured	Due Date
	<b>BUILDING</b>	<b>CHU Underwriting Agencies</b>	<b>HU0036688</b>	<b>5,127,330</b>	<b>26/10/23</b>
	<b>PUBLIC LIABILITY</b>	<b>CHU Underwriting Agencies</b>	<b>HU0036688</b>	<b>30,000,000</b>	<b>26/10/23</b>
	<b>COMMON AREA CONTENTS</b>	<b>CHU Underwriting Agencies</b>	<b>HU0036688</b>	<b>51,273</b>	<b>26/10/23</b>
	<b>LOSS OF RENT</b>	<b>CHU Underwriting Agencies</b>	<b>HU0036688</b>	<b>769,099</b>	<b>26/10/23</b>
	<b>FIDELITY GUARANTEE</b>	<b>CHU Underwriting Agencies</b>	<b>HU0036688</b>	<b>250,000</b>	<b>26/10/23</b>
	<b>VOLUNTARY WORKERS</b>	<b>CHU Underwriting Agencies</b>	<b>HU0036688</b>	<b>200,000/2,000</b>	<b>26/10/23</b>
	<b>OFFICE BEARERS</b>	<b>CHU Underwriting Agencies</b>	<b>HU0036688</b>	<b>5,000,000</b>	<b>26/10/23</b>
	<b>CATASTROPHE</b>	<b>CHU Underwriting Agencies</b>	<b>HU0036688</b>	<b>769,099</b>	<b>26/10/23</b>
	<b>EXT COVER - RENT/TEM</b>	<b>CHU Underwriting Agencies</b>	<b>HU0036688</b>	<b>115,364</b>	<b>26/10/23</b>
	<b>ESC IN COST OF TEMP</b>	<b>CHU Underwriting Agencies</b>	<b>HU0036688</b>	<b>38,454</b>	<b>26/10/23</b>
	<b>STORAGE/EVACUATION</b>	<b>CHU Underwriting Agencies</b>	<b>HU0036688</b>	<b>38,454</b>	<b>26/10/23</b>
	<b>GOVERNMENT AUDIT COS</b>	<b>CHU Underwriting Agencies</b>	<b>HU0036688</b>	<b>25,000</b>	<b>26/10/23</b>

Mortgages or Securities over Body Corporate Assets	<b>Nil</b>
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## Additional Information (continued)

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Body Corporate

Name of Scheme:

**BARTLETT TERRACES**

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Plan Number:

**290032**

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Latent or Patent  
Defects in  
Common  
Property or Body  
Corporate Assets

**This certificate only relates to the statements under Section 206 that the seller must give, it should also be noted that the seller is also required to warrant certain matters relative to defects liability under Section 223, this certificate does not extend to Section 223**

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Actual or  
Contingent or  
Expected  
Liabilities of Body  
Corporate

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Circumstances in  
Relation to  
Affairs of the  
Body Corporate

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Exceptions to  
Statements in  
Clause 7.4(2)



# CONTRACTS REGISTER

## BARTLETT TERRACES CTS 50628

Contractor Name and Address <b>Bright &amp; Duggan (QLD) Pty Ltd 193 Ferry Road SOUTHPORT QLD 4215</b>	Details of Duties	Delegated Powers	Basis of Remuneration <b>Qtly in Adv/\$165 excl GST per Lot</b>
Commencement Date Term of Contract Options Copy of Agreement on File Workers Comp No	<b>6/12/2021 3 Years Fixed Y</b>	Termination Date  Name of Financier Date of Advice from Financier Date of Withdrawal of Financier	<b>31/12/2024</b>  Finance
Contractor Name and Address <b>ORIGIN  GPO BOx 1199 Adelaide SA 5001</b>	Details of Duties <b>BulkLPG Gas Supply</b>	Delegated Powers	Basis of Remuneration <b>Equipement Rental 360 pa</b>
Commencement Date Term of Contract Options Copy of Agreement on File Workers Comp No	<b>9/11/2017 2 years  Y</b>	Termination Date  Name of Financier Date of Advice from Financier Date of Withdrawal of Financier	<b>8/11/2018</b>  Finance
Contractor Name and Address <b>Origin</b>	Details of Duties	Delegated Powers	Basis of Remuneration <b>As per invoice</b>
Commencement Date Term of Contract Options Copy of Agreement on File Workers Comp No	<b>22/01/2018 Month to Month</b>	Termination Date  Name of Financier Date of Advice from Financier Date of Withdrawal of Financier	  Finance
Contractor Name and Address	Details of Duties	Delegated Powers	Basis of Remuneration <b>Billing based on usage</b>
Commencement Date Term of Contract Options Copy of Agreement on File Workers Comp No	<b>1/07/2022 24 months</b>	Termination Date  Name of Financier Date of Advice from Financier Date of Withdrawal of Financier	  Finance
Contractor Name and Address	Details of Duties	Delegated Powers	Basis of Remuneration
Commencement Date Term of Contract Options Copy of Agreement on File Workers Comp No		Termination Date  Name of Financier Date of Advice from Financier Date of Withdrawal of Financier	  Finance