

LITTLE CREEK HOMEOWNERS ASSOCIATION, INC.

RECORDS REQUEST POLICY AND PROCEDURES

BACKGROUND

Nexus Community Management is the custodial guardian of the Official Records of the Little Creek HomeOwners Association, Inc. Members are entitled via F.S. 720.303(5) to the inspection and copying of the records. The Association is entitled via F.S. 720.303(5).c to create reasonable rules relating to the inspection process. These rules are defined below:

RECORDS REQUEST POLICY

1. Each Parcel Owner may request an inspection of the association's official records for up to one 8-hour business day per month. If the Owner does not utilize the full 8 hours, any time remaining shall not transfer to another day.
2. All requests for record inspections shall use the Little Creek HomeOwners Association Records Request Form (page 2 of this document), and shall be sent via certified mail, return receipt requested, to:
c/o Nexus Community Management
1809 E. Broadway, St. Suite 408
Oviedo, FL 32765
3. If not fulfilled electronically, inspections of records will be held via **appointment only** (which may include lunch or other reasonable breaks). The appointment date/time is set by Management, and communicated either via phone, email, or certified mail, return receipt requested, to the Owner.
4. The request should be sufficiently detailed to allow the association to retrieve the records requested. Catch-all phrases like "all" or "since the beginning of time" restricts management's ability to assist you with your request and requires you to locate what you are seeking through an inspection of all of management's documents. Therefore, official records of the association of which review is sought should be described with sufficient particularity, including the specific description, type or category of record or records being requested, and the applicable time frame. For instance, "the association's *current* liability insurance policy," is an appropriately framed request. Conversely, notices requesting review of "all official records" of the association or similarly stated requests will only require more work on your part.
5. If management elects to display records in electronic format on a computer screen, such election to be made at the sole discretion of management, then the Owner may take photos of documents/records, or the Owner may request print-outs. The Owner may not insert anything into or otherwise touch management's computer equipment.
6. The association does not have a photocopier. If the Owner requests records be copied/printed, and that request exceeds 25 pages in length, the association may have copies/printouts made by an outside vendor or association management company personnel and may charge the actual cost of copying/printing, including any personnel fees and charges at an hourly rate not to exceed \$20 per hour for vendor or employee time to cover administrative costs to the vendor or association.
7. Payment for any fees shall be remitted via check made out to: *Little Creek Homeowners Association, Inc.*, and must be remitted at the time of the request. For requests requiring upfront personnel and/or copying fees in order to comply with the request and based on the judgment of the association or its management, payment for those fees must be remitted at the time of the request. Cash or electronic payment methods are not accepted.
8. Inspection of the original records of the Association shall occur only under the direct supervision of the LCAM, and these original records shall not be left outside of the immediate custody of the LCAM.

Records Request Form
Little Creek HomeOwners Association, Inc.

Owner Name

Account Number

Owner Address, City, State, Zip

Request Date

Please list a detailed and specific records request:

Thanks! By signing below, you acknowledge the terms of the adopted Records Request Policy. You will be contacted by either email, phone or certified mail with an appointment time, location, and fee obligation (if any). Unpaid obligations relating to this request will be reduced to the ledger of the requesting Member as an individual assessment. Please have ready a check for the administrative fees outlined in the Records Request Policy.

(Owner Signature)

(Date)

(Printed Name)

(Daytime Telephone)

(email)

Please return Certified Mail, Return Receipt Requested to:
Nexus Community Management, LLC
1809 E. Broadway St., Suite 408
Oviedo, FL 32765