

## PERIODIC INFORMATION CERTIFICATE

*Information for owners about the corporation*

2019 January 30

**Ottawa Carleton Condominium Corporation No. 634  
Warehouse Lofts**

### 1. GENERAL INFORMATION ABOUT THE CORPORATION

Property Manager: Mike Barbeau - mbarbeau@cimanagement.ca (New)  
Mailing Address/  
Address for service: Capital Integral Property Management  
904 Lady Ellen Place  
Ottawa, ON K1Z 5L5  
ATTN: OCCC 634

The corporation has an email address or other method of electronic communication for receiving requests for records, in addition to the addresses identified above: No

The method of electronic communication is email for required documentation so long as written approval is obtained by the Management company from the intended recipient. If no permission is granted the other methods of communication as per the Act must be used.

Management is updating documents to the Owner Portal for the corporation at [www.cimanagement.ca](http://www.cimanagement.ca) with relevant documentation. Therefore a Request for Records is not necessary for most core documentation.

#### Number of leased units

The corporation's understanding is 9 unit(s) in the condominium are owned by non-resident owners as of the date of this certificate, but the corporation has not received notice under s. 83 of the *Condominium Act, 1998* respecting all of those leased units during the current fiscal year.

### 2. DIRECTORS AND OFFICERS OF THE CORPORATION

Riek van den Berg, Director, 2018 August 20 - 2020  
Tracy Turnbull, Director, 2017 August 28 - 2019  
Glenda Lutes, Director, 2018 August 20 - 2020

Not applicable for any:

- ☐ a. is a party to a legal action to which the corporation is a party
- ☐ b. was a party to a legal action that has resulted in an outstanding judgment against the corporation or the director

- ☐ c. has contributions to the common expenses that are in arrears for 60 days or more
- ☐ d. has not completed the prescribed training within the prescribed time under clause 29 (2) (e) of the Act

Address for service: Capital Integral Property Management  
904 Lady Ellen Place  
Ottawa, ON K1Z 5L5  
ATTN: Board of OCCC 634

Email Address: mbarbeau@cimanagement.ca

### 3. INSURANCE INFORMATION ABOUT THE CORPORATION

The corporation has obtained and maintained all of the insurance required by the *Condominium Act, 1998* or that is otherwise legally required, at all times during the current fiscal year. ☒ Yes ☐ No

If an owner causes damage to the condo property, the condo corporation may be required to add the cost of repairing the damage or the deductible limit of the corporation's required insurance policy, whichever is less, to the owner's common expenses, or the corporation may seek to recover the amount from the owner in another manner. This could be affected by a by-law the corporation may have passed under clause 56(1)(i).

The corporation's deductibles for each required insurance policy are:

Policy	Deductible Amount	Maximum amount that could be added to an owner's common expenses under s. 105 (2) of the <i>Condominium Act, 1998</i> or as a result of a by-law passed under s. 56 (1) (i) of the Act.
Gore Mutual Policy No. 8454545 Expiring 2019 March 01	See attached certificate	See attached certificate

The corporation has obtained and maintained the insurance policy described in section 39 of the *Condominium Act, 1998*

☒ Yes ☐ No

The corporation has obtained and maintained the insurance policy described in section 99 of the *Condominium Act, 1998*

☒ Yes ☐ No

The corporation has obtained and maintained the insurance policy described in section 102 of the *Condominium Act, 1998*

☒ Yes ☐ No

The corporation has or had a legal obligation to maintain insurance, aside from the insurance described in section 39, 99, and 102, at any time during the fiscal year

☒ No ☐ Yes

#### Information about the "standard unit"

☒ The standard unit is described in a by-law made under s. 56(1)(h) of the

*Condominium Act, 1998.* The by-law is By-Law No. 2

☐ The standard unit is not described in a by-law made under s. 56(1)(h) of the *Condominium Act, 1998.*

☒ A certificate or memorandum of insurance for each of the corporation's current insurance policies is enclosed with this information certificate.

#### 4. FINANCIAL INFORMATION ABOUT THE CORPORATION

##### Budget

The budget of the corporation for the current fiscal year is not accurate and may result in:

- ☐ a surplus of: ☒ a deficit of: \$1,731  
☐ neither a surplus nor a deficit

##### Reserve Fund

As of the last day of the quarter to which the information certificate relates: the balance in the reserve fund was \$234,712 (unaudited) as of 2018 November 30

The balance of the reserve fund at the beginning of the current fiscal year was \$185,479 (audited) as of 2018 March 01.

In accordance with the budget of the corporation for the current fiscal year, the annual contribution to be made to the reserve fund in the current fiscal year is: \$89,905

The anticipated expenditures to be made from the reserve fund in the current fiscal year, in accordance with the corporation's budget or Reserve Fund Study, amount to:

Description of expenditure	Amount
<b>Expenditures Anticipated in the Reserve Fund Study:</b>	
Balconies: Replace the fiberglass decks on the balconies. Budget to replace the aluminum columns. Replace the dented aluminum post.	\$32,000
EIFS: Study the EIFS	\$15,000
Garage Exhaust Fans: Replace at end of service life.	\$10,000
Hazardous Gas Detection (CO): Replace at end of service life. Continue with regular calibration and inspections.	\$9,000
Garage and Sprinkler Room Unit Heaters: Replace at failure or end of service life. Regular maintenance will prolong the	\$39,000

life of the equipment.	
Door Controls: Replace the door controls at end of typical service life or run until failure.	\$7,000
CCTV System: Replace the security system at end of typical service life to prevent the use of obsolete technology and ensure system quality.	\$13,000
<b>Actual Expenditures:</b>	
Building Exterior R&M	\$3,277
Reserve- Roof	\$2,420
Reserve- Windows	\$954
Garage Repairs & Cleaning	\$6,328
Reserve- General Repairs: Paint all common hallways - 1st 2nd & 3rd floor.	\$3,910
Reserve- General Repairs	\$3,768

The current plans, if any, to increase the reserve fund under a plan proposed by the board under subsection 94(8) of the *Condominium Act, 1998* for future funding of the reserve fund are: 22% increase in contributions per year for 3 years, then 2% increase in contributions per year thereafter, until the next reserve fund plan is completed

The corporation has an outstanding claim for payment out of the guarantee fund under the Ontario New Home Warranties Plan Act:

☐ Yes ☒ No

## 5. LEGAL ACTIONS RELATING TO THE CORPORATION

The corporation is currently a party to a legal action:

☐ Yes ☒ No

## 6. OUTSTANDING JUDGEMENTS RELATING TO THE CORPORATION

The corporation currently has outstanding judgments against it:

☐ Yes ☒ No

## 7. DISCLOSURE INFORMATION FROM DIRECTORS OF THE CORPORATION

☒ Copies of statements and information provided to the board during the current fiscal year under section 11.10 of O. Reg. 48/01 under the *Condominium Act, 1998* are enclosed with this information certificate.

☐ Not applicable

## 8. COMPLIANCE INFORMATION ABOUT THE CORPORATION

The corporation has complied with all returns obligations, if any, under Part II.1 of the *Condominium Act, 1998* during the current fiscal year:

☒ Yes ☐ No

The corporation complied with its assessment fee obligations, if any, under s. 1.30(6) of the *Condominium Act, 1998* during the current fiscal year:

☒ Yes ☐ No

A copy of any compliance order made by a Registrar directing the corporation, or a director or officer of the corporation, to comply with subsection 1.30(6), any provision of Part II.1 or subsection 132(9) of the *Condominium Act, 1998*, is enclosed with this certificate, unless the corporation, director or officer of the corporation, has taken the required steps for a hearing by the License Appeal Tribunal in respect of the compliance order, under section 134.1 of the *Condominium Act, 1998*.

☐ Yes ☒ Not applicable

## 9. OTHER INFORMATION ABOUT THE CORPORATION THAT IS REQUIRED BY A CORPORATION'S BY-LAWS

☒ Not applicable

☐ A by-law of the corporation requires additional information to be included with this certificate. The additional information required by the by-law is included below, or is enclosed with this certificate as a separate document.

## ATTACHMENTS

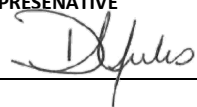
Insurance Certificate  
Disclosure Information from Directors

# CERTIFICATE OF PROPERTY INSURANCE



This certificate is issued as a matter of information only and confers no rights upon the certificate holder and imposes no liability on the insurer. This certificate does not amend or alter the coverage afforded by the policies below.

More than Insurance - relationships matter.

CERTIFICATE HOLDER – NAME AND MAILING ADDRESS				INSURED'S FULL NAME AND MAILING ADDRESS				
LOCATION OF PREMISES / DESCRIPTION OF PROPERTY TO WHICH THIS CERTIFICATE APPLIES								
COVERAGES								
This is to certify that 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 certificate may be issued or pertain. The insurance afforded by the policies described herein is subject to all terms, exclusions and conditions of such policies.								
TYPE OF INSURANCE	INSURANCE COMPANY & POLICY NUMBER	EFFECTIVE DATE MM/DD/YY	EXPIRY DATE MM/DD/YY	LIMITS OF INSURANCE Canadian \$ unless indicated otherwise				
				COVERAGE	DEDUCTIBLE	AMOUNT OF INSURANCE		
<input type="checkbox"/> Property <input type="checkbox"/> Broad Form <input type="checkbox"/> Named Perils  <input type="checkbox"/> Co-Insurance % _____ <input type="checkbox"/> Stated Amount <input type="checkbox"/> Margin Clause % _____				<input type="checkbox"/> P.O.E.D.	<input type="checkbox"/> RC	<input type="checkbox"/> ACV		
				<input type="checkbox"/> Building	<input type="checkbox"/> RC	<input type="checkbox"/> ACV		
				<input type="checkbox"/> Equipment	<input type="checkbox"/> RC	<input type="checkbox"/> ACV		
				<input type="checkbox"/> Stock	<input type="checkbox"/> RC	<input type="checkbox"/> ACV		
				<input type="checkbox"/> C.O.E.D.	<input type="checkbox"/> RC	<input type="checkbox"/> ACV		
				<input type="checkbox"/> Business Income				
				<input type="checkbox"/> Extra Expense				
				<input type="checkbox"/> Rental Income				
				<input type="checkbox"/> Earthquake				
				<input type="checkbox"/> Flood				
				<input type="checkbox"/> Sewer Back-up				
				<input type="checkbox"/> Inland Marine <input type="checkbox"/> Named Perils <input type="checkbox"/> Broad Form <input type="checkbox"/> Actual Cash Value <input type="checkbox"/> Replacement Cost				<input type="checkbox"/> Contractor's Equipment
<input type="checkbox"/> Cargo _____								
<input type="checkbox"/>								
<input type="checkbox"/>								
Boiler & Machinery/ Equipment Breakdown								
<input type="checkbox"/>								
ADDITIONAL INFORMATION								
CANCELLATION								
Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail _____ days written notice to the certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.								
BROKERAGE FULL NAME & MAILING ADDRESS				INTERESTED PARTY NAME & MAILING ADDRESS				
				NATURE OF INTEREST:				
CERTIFICATE AUTHORIZATION								
SIGNATURE OF AUTHORIZED REPRESENTATIVE 	PRINT NAME:				DATE (MM/DD/YY)			
	EMAIL ADDRESS:							
	PHONE:							
	FAX:							

# CERTIFICATE OF INSURANCE



This certificate is issued as a matter of information only and confers no rights upon the certificate holder and imposes no liability on the insurer. This certificate does not amend, extend or alter the coverage afforded by the policies below.

More than Insurance - relationships matter.

CERTIFICATE HOLDER – NAME AND MAILING ADDRESS		INSURED'S FULL NAME AND MAILING ADDRESS				
DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES						
COVERAGES						
This is to certify that 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 certificate may be issued or pertain. The insurance afforded by the policies described herein is subject to all terms, exclusions and conditions of such policies.						
LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS						
TYPE OF INSURANCE	INSURANCE COMPANY & POLICY NUMBER	EFFECTIVE DATE MM/DD/YY	EXPIRY DATE MM/DD/YY	LIMITS OF LIABILITY Canadian \$ unless indicated otherwise		
<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> Claims Made <input type="checkbox"/> Occurrence <input type="checkbox"/> Products and/or Completed Operations <input type="checkbox"/> Employer's Liability <input type="checkbox"/> Cross Liability <input type="checkbox"/> Tenants Legal Liability <input type="checkbox"/>				Each Occurrence		
				General Aggregate		
				Products & Completed Operations		
				Personal Injury		
				Tenants Legal Liability		
<b>NON-OWNED AUTO LIABILITY</b> <input type="checkbox"/> Non-Owned Automobiles <input type="checkbox"/> Damage to Hired Autos				Non-Owned Auto		
				Hired Auto		
<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> Described Automobiles <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Leased Automobiles * <input type="checkbox"/>				Bodily Injury & Property Damage Combined		
				Bodily Injury (Per Person)		
				Bodily Injury (Per Accident)		
				Property Damage		
<b>EXCESS LIABILITY</b> <input type="checkbox"/> Umbrella or Excess Form <input type="checkbox"/> Other _____					Each Occurrence	
					Aggregate	
<b>OTHER LIABILITY (SPECIFY)</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						
<b>CANCELLATION</b> Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail _____ days written notice to the certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.						
BROKER'S FULL NAME & MAILING ADDRESS			ADDITIONAL INSURED NAME & MAILING ADDRESS (Commercial General Liability – but only with respect to the operations of the Named Insured)			
CERTIFICATE AUTHORIZATION						
SIGNATURE OF AUTHORIZED REPRESENTATIVE 	PRINT NAME:				DATE (MM/DD/YY)	
	EMAIL ADDRESS:					
	PHONE:					
	FAX:					

# Condominium Corporation no. 634 Director Disclosure Statement

Section 29(1)(f) of the *Condominium Act* imposes disclosure obligations on directors (whether elected or appointed by the board). This disclosure must be provided in writing at the time the candidate has notified the board in writing of his or her intention to be a candidate in the election or, if no such notification was provided, the disclosure must be provided at the meeting of owners. This Disclosure Statement is made to comply with the aforementioned disclosure requirements.

1. RIEK VAN DEN BERG  
(print your name above)

Please circle the applicable

<p>2. I am an <u>owner</u> of a unit at this condominium corporation</p> <p style="margin-left: 40px;">a. <input type="checkbox"/> my common expenses are in arrears for 60 days or more</p> <p style="margin-left: 40px;">b. <input checked="" type="checkbox"/> my common expenses are <u>not</u> in arrears for 60 days or more</p>	<p><input checked="" type="radio"/> YES</p>	<p><input type="radio"/> NO</p>
<p>3. I am an <u>occupier</u> of a unit at this condominium corporation</p>	<p>YES <input type="radio"/></p>	<p><input checked="" type="radio"/> NO</p>
<p>4. I am a <u>party to a legal action</u> to which the corporation is a party.</p> <p style="margin-left: 20px;">If 'yes' to any of the above, please provide a brief general description of the action:</p>	<p>YES <input type="radio"/></p>	<p><input checked="" type="radio"/> NO</p>
<p>5. One or more of the following individual is a party to a legal action to which the corporation is a party.</p> <p>My spouse <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (which includes married or living together in a conjugal relationship)</p> <p>A child of mine <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>A parent of mine <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>A child of my spouse <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>A parent of my spouse <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>The occupier of a unit I or my spouse owns <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p style="margin-left: 20px;">If 'yes' to any of the above, please provide a brief general description of the action:</p>		
<p>6. I have been convicted of an offence under the <i>Condominium Act</i> or under the regulations adopted thereto within the preceding 10 years. If 'yes', provide a general description of the offense.</p>	<p>YES <input type="radio"/></p>	<p><input checked="" type="radio"/> NO</p>
<p>7. I have, directly or indirectly, a material interest in a contract or transaction to which the corporation is a party, in a capacity other than as a purchaser, mortgagee, owner or occupier of a unit. If 'yes', provide a statement of the nature and extent of the interest.</p>	<p>YES <input type="radio"/></p>	<p><input checked="" type="radio"/> NO</p>
<p>8. I have, directly or indirectly, a material interest in a contract or transaction to which the declarant or declarant affiliate is a party, in a capacity other than as a purchaser, mortgagee, owner or occupier of a unit. If 'yes', provide a statement of the nature and extent of the interest.</p>	<p>YES <input type="radio"/></p>	<p><input checked="" type="radio"/> NO</p>

The above information is current as of the date indicated below:

DATE: Aug 1, 2013

\_\_\_\_\_  
Name and signature





## DIRECTOR DISCLOSURE

To: CCC/OCCC/OCSCC 634

**CANDIDATE:**

My name: Glenda Lutes

My mailing address (optional):

202-95 Beech Street

OTTAWA , ON K1S 3J7

My Email Address (optional): glutes1@gmail.com

My Telephone Number (optional): 613-513-8001

**Candidates seeking to be appointed or elected must confirm the following:**

1. I am an  
☒ owner currently occupying my unit at the above-mentioned condominium  
☐ non-resident owner  
☐ other, describe: \_\_\_\_\_
2. I am 60 days or more in arrears:  
☒ No ☐ Yes
3. I or a "related person" are a party to any legal action to which the corporation is also a party:  
☒ No  
☐ Yes, attached is the required brief general description of the action
4. I have been convicted of an offence under the Condominium Act or under the regulations adopted thereto within the preceding 10 years:  
☒ No  
☐ Yes, attached is the required general description of the offence
5. I directly or indirectly, have a material interest in a contract or transaction to which the corporation or the declarant or declarant affiliate is a party, in a capacity other than as a purchaser, mortgagee, owner or occupier of a unit:  
☒ No  
☐ Yes, attached is the required description of the nature and extent of my interest in such contract or transaction

Glenda Lutes  
Signature of candidate

2019-01-30  
Date (yyyy-mm-dd)

☐ I have attached an introductory letter and/or above required descriptions.

904 Lat., Glen Pl.  
Ottawa, ON  
K1Z 5L5

T. 1-613-722-1232

F. 1-613-651-0306

www.cimanagement.ca