



# SELLER'S DISCLOSURE STATEMENT (RESIDENTIAL IMPROVED PROPERTY)



Seller is obligated by Florida law to disclose to a buyer all known facts or conditions that materially affect the value of the Property which are not readily observable by a buyer. This disclosure statement is designed to facilitate Seller's compliance with Florida law and to assist a buyer in evaluation of the condition and desirability of the Property. This statement and the information contained herein do not constitute a warranty to a buyer by the Seller or any licensee involved in the sale of the Property, nor should buyer consider the information contained herein a substitute for any physical inspections of the Property. The following information is provided by the Seller and not by any licensee involved in the sale of the Property to a buyer.

**NOTICE TO BUYER: ANY DEFECTIVE INSPECTION ITEMS CONTAINED IN THIS SELLER'S DISCLOSURE STATEMENT SIGNED BY BUYER PRIOR TO BUYER'S EXECUTION OF ANY OFFER (OR COUNTER-OFFER, AS APPLICABLE), SHALL NOT BE DEEMED DEFECTIVE INSPECTION ITEMS UNDER STANDARD D.2.b. OF THE SALES CONTRACT.**

Property Address: \_\_\_\_\_ 5729 Mayflower Way Ave Maria, FL 34142 \_\_\_\_\_

1. OCCUPANCY

A. Owner occupied -----

B. Tenant occupied by written or verbal lease or rental agreement. If written attach copy of same ----

C. Unoccupied -----

How long has it been since SELLER occupied the Property? December 12, 2025

YES    NO    DON'T KNOW

2. APPLIANCES AND EQUIPMENT

(a) All appliances and equipment in working condition? If no, identify items not working:

\_\_\_\_\_

(b) Any appliances or equipment leased? If yes, Company Name: \_\_\_\_\_

\_\_\_\_\_

(c) Security system?

If yes, is system currently operational?

3. ELECTRICAL SYSTEMS AND EQUIPMENT:

(a) Damaged or malfunctioning switches, receptacles or wiring? If yes, describe nature and location: \_\_\_\_\_

4. PLUMBING:

(a) Drinking water source:  Public  Private  Well

(b) Problems with quality, supply or flow of potable water? If yes, describe and specify:

\_\_\_\_\_

YES   NO   DON'T  
KNOW

(c) Water softener, filter or purifier  Leased  Owned. If leased, Company Name:  
none

Service Contract  Yes  No

(d) Sewage system:  Public  Private  Septic

(e) Leaks, backups, or similar problems relating to plumbing, water and/or sewage-related items? If yes, describe nature and location: \_\_\_\_\_

    

(f) Does the property contain polybutylene piping?

    

5. HEATING AND AIR CONDITIONING SYSTEMS AND EQUIPMENT:

(a) Number of HVAC units: 2

(b) HVAC system(s)  central  window/wall unit Age: 10 years; Age: 1 years

(c) Number of water heaters: 1

(d) Water heated by  electric  gas  solar  heat recovery Age: 10 years

(e) All enclosed living areas connected to heating/air conditioning system?  
If no, describe location: \_\_\_\_\_

    

6. ROOF:

(a) Approximate age: 10 years.

(b) Current roof leaks or problems with the roof, gutters or downspouts?  
If yes, describe nature and location: \_\_\_\_\_

    

7. STRUCTURAL AND FOUNDATION:

(a) Movement, shifting, cracking, deterioration, or other structural problems with any dwelling or garage?

    

(b) Structural problems with driveways, walkways, patios, retaining walls, seawalls and docks?

    

If the answer to any of the above is Yes, describe and specify: \_\_\_\_\_

8. PERMITS, ADDITIONS AND ALTERATIONS:

    

(a) Material additions, structural changes, or any other major alterations to original improvements?

If yes, were permits and/or approvals obtained?

    

If yes, were permits closed out and finalized?

    

(b) Any work not done in compliance with prevailing building codes or zoning regulations?

    

If the answer to any of the above is Yes, describe and specify: install hurrican windows throughout

9. DRAINAGE, FLOODING AND MOISTURE:

(a) Water leakage, accumulation, dampness or damage within improvements?

    

(b) Drainage problems or flooding?

(c) Problems with siding or exterior cladding retaining moisture, swelling, chipping or delaminating?

If the answer to any of the above is Yes, describe and specify: \_\_\_\_\_  
\_\_\_\_\_

YES NO DON'T KNOW

10. RADON; MOLD; DRYWALL

(a) Any elevated levels of radon in the residence on the Property?

(b) Any elevated levels of mold in the residence on the Property?

(c) Any defective drywall on the Property?

(d) Any reports, notices, or documentation of the existence of possible defective drywall on the Property?

If the answer to any of the above is Yes, describe and specify: \_\_\_\_\_  
\_\_\_\_\_

11. TERMITES, WOOD ROT, PESTS, WOOD-DESTROYING ORGANISMS:

(a) Any infestation or damage? If yes, describe type and location: \_\_\_\_\_

(b) Property currently under service contract, warranty or other coverage?

Name of Company: Home Team Pest Defense

Type of coverage  re-treatment and repair or  re-treatment only or  preventative maintenance contract

Is service contract, warranty or other coverage transferable?

12. INSURANCE:

(a) Any insurance claims made upon the Property?

(b) If Yes, the claim was for:  water damage/flood  fire  wind  theft  injury  sinkhole damage  Other

(c) Explain any insurance claim(s) shown in (b) above: \_\_\_\_\_  
\_\_\_\_\_

(d) If any insurance claim was made for sinkhole damage, was the claim paid?

*Note: Florida law requires a seller disclosure to prospective buyers if the seller has ever made an insurance claim related to sinkhole damage, the seller must disclose whether the claim was paid and whether or not the full amount paid was used to repair the sinkhole damage.*

(e) If any sinkhole claim was paid, were all the proceeds used to repair the damage?

If the answer to any of the above is Yes, describe and specify: \_\_\_\_\_  
\_\_\_\_\_

13. PRIVATE SWIMMING POOL AND SPA:

(a) Spa? If Yes, source of heat:  electrical  solar  gas  other: If other, type: \_\_\_\_\_

(b) Swimming pool heated? If Yes, source of heat:  electrical  solar  gas  other: If other, type: \_\_\_\_\_

(c) Current leaks/unusual loss of water? If yes, describe nature and location: \_\_\_\_\_

- |   |                          |                                     |                          |
|---|--------------------------|-------------------------------------|--------------------------|
| (d) Problems with pool or spa filtration systems? If yes, describe: _____   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| _____   |                          |                                     |                          |
|   | <u>YES</u>               | <u>NO</u>                           | <u>DON'T KNOW</u>        |
| (e) Any non-functioning or malfunctioning pool or spa equipment?<br>If yes, describe: _____   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (f) Pool or spa issued a certification of substantial completion after October 1, 2000?<br>If yes, check those that apply: <input type="checkbox"/> enclosure that meets pool barrier requirements<br><input type="checkbox"/> required door locks <input type="checkbox"/> required door and window exit alarms<br><input type="checkbox"/> approved pool safety cover | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (g) Pool/spa professionally serviced? Company Name: _____   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

**MULTI-FAMILY (CONDOMINIUM/COOPERATIVE) PROPERTIES**

14. FIRE SPRINKLER/LIFE SAFETY SYSTEM/RETROFIT:

- |  |                          |                                     |                          |
|--|--------------------------|-------------------------------------|--------------------------|
| (a) If the property is located in a condominium or cooperative building, are you aware of any requirement for the building to be retrofit with fire sprinkler or other safety systems in the future?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (b) If the above answer is "Yes," has the association voted to waive retrofitting the building (or just the individual units if the building is over 75 feet in height) with such systems?<br>Note: If "Yes," copies of the Notice of Association Waiver must be provided to buyers. | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

**SINGLE FAMILY PROPERTIES**

15. SOIL, TOPOGRAPHY, LANDSCAPE AND BOUNDARIES:

- |  |                          |                                     |                          |
|--|--------------------------|-------------------------------------|--------------------------|
| (a) Any portion of the Property filled or used as a landfill?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (b) Any sliding, earth movement, sinkholes, upheaval, or earth stability expansion soil problems?            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (c) Any drainage, water infiltration, flooding or grading problems on the Property?                          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (d) Do you know in which FEMA-designated flood zone the Property is located?                                 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (e) Presence on the Property of any Prohibited Exotic Plant Species?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (f) Any encroachments of neighboring property improvements, unrecorded easements, or boundary line disputes? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

If the answer to any of the above is Yes, describe and specify: \_\_\_\_\_

16. IRRIGATION SYSTEMS AND EQUIPMENT:

- |  |                                     |                                     |                          |
|--|-------------------------------------|-------------------------------------|--------------------------|
| (a) Irrigation system: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private Source: <u>Del Webb Community</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| (b) Any non-functioning or malfunctioning equipment?<br>If yes, describe: _____  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

17. TOXIC AND HAZARDOUS WASTE

- |   |                          |                                     |                          |
|---|--------------------------|-------------------------------------|--------------------------|
| (a) Any underground tanks or toxic or hazardous substances (structure or soil) such as asbestos, polychlorinated biphenyls (PCBs), methane gas, radon, benzene, lead-based paint, toxic or pathogenic mold or others? If yes, describe nature and location: _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|-------------------------------------|--------------------------|

YES   NO   DON'T KNOW

(b) Any prior use of the Property for agriculture, storage of vehicles or equipment, or commercial uses? If yes, describe nature and location: \_\_\_\_\_

    

18. WETLANDS AND ENVIRONMENTALLY SENSITIVE AREAS:

(a) Any wetlands located on the Property? \_\_\_\_\_

    

(b) Any wetlands determination report or application for environmental resource permit ever been filed or received as to the Property?

    

If your answer to (b) above is Yes, if the report or permit is available to you, attach a copy.

(c) Any mangroves, archeological sites, protected species or other environmentally sensitive areas located on the Property? \_\_\_\_\_

    

(d) If located near the coast, does the Coastal Construction Control Line touch the Property? \_\_\_\_\_

    

If the answer to any of the above is Yes, describe and specify: \_\_\_\_\_

19. PROPERTY REPORTS:

(a) Do you have a survey to provide to the Buyer? \_\_\_\_\_

    

(b) Do you have an Elevation Certificate to provide to the Buyer? \_\_\_\_\_

    

(c) Do you have a prior owner's title insurance policy to provide to the Buyer? \_\_\_\_\_

    

(d) Do you have a wind mitigation report to provide to the Buyer? \_\_\_\_\_

    

(e) Do you have a four-point inspection report to provide to the Buyer? \_\_\_\_\_

    

20. ADDITIONAL SELLER COMMENTS:

**SELLER'S REPRESENTATION:**

Seller represents that, to the best of Seller's knowledge, the information contained herein with respect to the condition of the Property is accurate and complete as of the date signed by Seller. Seller hereby authorizes the listing broker to provide this information to prospective buyers of the Property and to buyers' brokers and licensees. If there are any material changes in the answers to the questions contained herein, Seller agrees to promptly update this Seller's Property Disclosure Statement and to provide to the listing broker and prospective buyers a revised copy of the same.

Sally J Stitzinger   January 21, 2026  
(Seller's Signature)   (Date)

\_\_\_\_\_  
(Seller's Signature)   (Date)

Sally  
(Seller's Printed Name)

\_\_\_\_\_  
(Seller's Printed Name)

**RECEIPT AND ACKNOWLEDGMENT BY BUYER:**

Buyer acknowledges receipt of this Seller's Property Disclosure Statement, and understands that any Defective Inspection Items contained in this Seller's Disclosure Statement signed by Buyer prior to Buyer's execution of any offer (or counter-offer, as applicable), shall not be deemed Defective Inspection Items under Standard D.2.b. of the Sales Contract. Buyer further acknowledges that there may be conditions unknown to Seller. No representations concerning the condition of Property are being relied upon by Buyer except as disclosed herein or stated in the sales contract.

\_\_\_\_\_  
(Buyer's Signature)   (Date)

\_\_\_\_\_  
(Buyer's Signature)   (Date)

\_\_\_\_\_  
(Buyer's Printed Name)

\_\_\_\_\_  
(Buyer's Printed Name)