



SOMERSET COUNTY
DOCUMENT COVER SHEET

HON. STEVE PETER
SOMERSET COUNTY CLERK
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SOMERVILLE, NJ 08876

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Steve Peter, County Clerk
Somerset County, NJ
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(Official Use Only)

DATE OF DOCUMENT: December 10, 2021	TYPE OF DOCUMENT: Resolution Pertaining to the Responsibility of Assoc. Insurance Ded
FIRST PARTY (Grantor, Mortgagor, Seller or Assignor) The Signal Point Neighborhood Condominium Association, Inc.	SECOND PARTY (Grantee, Mortgagee, Buyer, Assignee)
ADDITIONAL PARTIES:	

THE FOLLOWING SECTION IS REQUIRED FOR DEEDS ONLY

MUNICIPALITY:	MAILING ADDRESS OF GRANTEE:
BLOCK:	
LOT:	
CONSIDERATION:	

**THE FOLLOWING SECTION IS FOR ORIGINAL MORTGAGE BOOKING & PAGING INFORMATION FOR ASSIGNMENTS,
RELEASES, SATISFACTIONS, DISCHARGES & OTHER ORIGINAL MORTGAGE AGREEMENTS ONLY**

BOOK	PAGE	INSTRUMENT #	DOCUMENT TYPE

DO NOT REMOVE THIS PAGE
THIS DOCUMENT COVER SHEET IS PART OF THE SOMERSET COUNTY FILING RECORD
RETAIN THIS PAGE FOR FUTURE REFERENCE

**SIGNAL POINT NEIGHBORHOOD
CONDOMINIUM ASSOCIATION, INC.**

**RESOLUTION PERTAINING TO THE RESPONSIBILITY
OF ASSOCIATION'S INSURANCE DEDUCTIBLE**

WHEREAS, Signal Point Neighborhood Condominium Association, Inc., is a New Jersey not-for-profit organization, governed in part by By-Laws, established in accordance with N.J.S.A. § 45:22A-21, *et seq.*, and a Master Deed, which was recorded in the Somerset County Clerk's Office on March 17, 1987, in Deed Book 1622, Page 189, *et seq.*; and

CONTINUED ON FOLLOWING PAGE

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RECORD & RETURN TO:
Jennifer L. Alexander, Esq.
GRIFFIN ALEXANDER, P.C.
415 Route 10, 2nd Floor
Randolph, NJ 07869

SIGNAL POINT NEIGHBORHOOD CONDOMINIUM ASSOCIATION, INC.

RESOLUTION PERTAINING TO THE RESPONSIBILITY OF ASSOCIATION'S INSURANCE DEDUCTIBLE

WHEREAS, Section 4.03 of the Master Deed grants to the Association the power to perform all acts as may be reasonably necessary to enforce any of the provisions of the Master Deed; and

WHEREAS, Section 5.06(F) of the Master Deed grants to the Association the power to promulgate rules "covering any and all aspects of its function, including the use and occupancy of the Condominium Property"; and

WHEREAS, Article IX(d) of the By-Laws grants the Board of Trustees the power to "adopt and publish Rules and regulations governing the use of the Common Elements and the Limited Common Elements and the personal conduct of the Members and their guests thereon"; and

WEHEREAS, on February 24, 2015, the Board at that time adopted a resolution pertaining to the responsibility of the Association's insurance deductible.

WHEREAS, the current Board wished to have this resolution recorded with the Somerset County Clerk.

WHEREAS, the Board deems it to be in the best interest of the Association to readopt the resolution pertaining to the responsibility of the Association's insurance deductible so that it will be included in any title search.

NOW, THEREFORE BE IT RESOLVED, on this 10th day of December, 2021, that the Board hereby establishes and re adopts the following:

1. The Resolution pertaining to the responsibility of the Association's insurance deductible that was originally adopted by the board on February 24, 2015.

This Resolution is adopted this 10th day of December, 2021, by the Board of Trustees of the Signal Point Neighborhood Condominium Association, Inc.

ATTEST:

**SIGNAL POINT NEIGHBORHOOD
CONDOMINIUM ASSOCIATION, INC.**

Halli Lieberman
Halli Lieberman Secretary/Treasurer

Tracey A. Starace
Tracey A. Starace, President

Trustee	Yes	No	Abstain	Absent
Nancy A Stalae _____ , President	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Louise Archer _____ , Vice President	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allie Melborn _____ , Secretary/Treasurer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kerry Rane _____ , Trustee	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P. Pasmore _____ , Trustee	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Halli Lieberman
Halli Lieberman, Secretary/Treasurer

STATE OF NEW JERSEY

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:ss

COUNTY OF MORRIS

:

I certify that on December 10, 2021, personally came before me,
Halli Lieberman (Secretary), and that this person acknowledged under oath, to my
satisfaction, that:

- (a) this person is the Secretary of the Board of Trustees of the Corporation named in this document;
- (b) this person is attesting witness to the signing of this document by Tracey Starace (President), the proper corporate officer who is the President of the Corporation;
- (c) this document was signed and delivered by the corporation as its voluntary act duly authorized by the proper resolution of its Board of Trustees;
- (d) this person knows the proper seal of the Corporation which was affixed to this document; and
- (e) this person signed this proof to attest the truth to these facts.

Halli Lieberman
_____, Secretary
Print Name under Signature
Halli Lieberman

Sworn and Subscribed to before me this
10 day of December, 2021

Robin L. Esteves

