

OF THE COUNCIL OF UNIT OWNERS AS SPECIFIED IN THE BY-LAWS AND THEN MAY BE RECORDED. ON FULL PAYMENT OF THE ASSESSMENT FOR WHICH THE LIEN IS CLAIMED THE UNIT OWNER SHALL BE ENTITLED TO A RECORDABLE SATISFACTION OF THE LIEN.

(E) ANY ASSESSMENT, OR INSTALLMENT THEREOF, NOT PAID WHEN DUE SHALL BEAR INTEREST, AT THE OPTION OF THE COUNCIL OF UNIT OWNERS, FROM THE DATE WHEN DUE UNTIL PAID AT THE RATE PROVIDED IN THE BY-LAWS, NOT EXCEEDING 8 PERCENT PER ANNUM, AND IF NO RATE IS PROVIDED, THEN AT 8 PERCENT PER ANNUM.

(F) THE LIEN MAY BE ENFORCED AND FORECLOSED BY THE COUNCIL OF UNIT OWNERS, OR ANY OTHER PERSON SPECIFIED IN THE BY-LAWS, IN THE SAME MANNER, AND SUBJECT TO THE SAME REQUIREMENTS, AS THE FORECLOSURE OF MORTGAGES OR DEEDS OF TRUSTS ON REAL PROPERTY IN THE STATE CONTAINING A POWER OF SALE, OR AN ASSENT TO A DECREE. SUIT FOR ANY DEFICIENCY FOLLOWING FORECLOSURE MAY BE MAINTAINED IN THE SAME PROCEEDING AND SUIT TO RECOVER A MONEY JUDGMENT FOR UNPAID ASSESSMENTS MAY BE MAINTAINED WITHOUT WAIVING THE LIEN SECURING THE SAME. NO ACTION MAY BE BROUGHT TO FORECLOSE THE LIEN UNLESS BROUGHT WITHIN THREE YEARS FOLLOWING THE RECORDATION OF THE STATEMENT OF CONDOMINIUM LIEN. NO ACTION MAY BE BROUGHT TO FORECLOSE THE LIEN EXCEPT AFTER TEN DAYS' WRITTEN NOTICE TO UNIT OWNER GIVEN BY REGISTERED MAIL -- RETURN RECEIPT REQUESTED, TO THE ADDRESS OF THE UNIT OWNER SHOWN ON THE BOOKS OF THE COUNCIL OF UNIT OWNERS.

(G) A STATEMENT OF CONDOMINIUM LIEN IS SUFFICIENT FOR THE PURPOSES OF THIS TITLE IF IT CONTAINS THE INFORMATION, AND IS SUBSTANTIALLY IN THE FORM, SET FORTH BELOW:

STATEMENT OF CONDOMINIUM LIEN

THIS IS TO CERTIFY THAT _____
OWNER(S) OF UNIT NO. _____ IN _____
CONDOMINIUM (IS) (ARE) INDEBTED TO THE COUNCIL OF UNIT
OWNERS IN THE AMOUNT OF \$ _____ AS OF
_____, 19__ FOR (HIS) (THEIR) PROPORTIONATE
SHARE OF COMMON EXPENSES OF THE CONDOMINIUM FOR THE
PERIOD FROM _____ (DATE) TO _____ (DATE), PLUS INTEREST
THEREON AT THE RATE OF _____% [[AND]] _____ COSTS OF
COLLECTION, AND REASONABLE ATTORNEY'S FEES.

COUNCIL OF UNIT OWNERS

BY: _____
OFFICER'S TITLE (OR AGENT)
ADDRESS