



June, 2019

## Entrance Doors Failing; Suggested Solution

Dear Hammocks Cape Haze Condominium Unit Owners,

Recently a letter was mailed to all Hammocks Cape Haze Condominium Association owners bringing to their attention the problem owners are having with their doors failing (picture). As you know the Condominium Associations Declarations Section 7.2 (c) assigns the responsibility of maintenance of doors to the unit owners. Along with warning owners about the door failure issue, the Association's Directors and Administrators want to be helpful to owners by making a suggestion on how doors can be replaced at a reasonable cost.

The Associations have contacted several local Therma-Tru door dealers asking them to submit itemized proposals on pricing of the doors and separately the cost of installation. Of the proposals received, one is a Charlotte County Door company, (Visit the web-site) [Donna's Door & Window Co.](#) located at 18480 Paulson Dr. Suite B-4, Port Charlotte FL 33954 submitted the most interesting; See attached.



Donna's Door & Window Company advertizes fifteen locations served on the Gulf Coast

When the requests for proposals were sent to dealers' very specific information was sent with it informing dealers what would be necessary to do the installations.

The owner of Donna's Door & Window Company, Donna Kallnischkies, traveled to the Hammocks Cape Haze.

With the Hammocks facility manager, John Schwab, visited buildings and documented the door sizes, frames, door hardware and weather-stripping so in the event owners need replacement parts she could have them on hand.

Please review the proposal. The Associations suggest owners consider banding together; Contact Donna's and arrange for replacement of Doors.

Donna's, upon receiving requests from owners to install doors, will advise owners of deposit and final payment requirements and record the orders. When enough orders are received, Donna's will procure doors and make arrangements with Owners for installation of them.

Please note; this transaction is between each owner and Donna's Door & Window Co. Other than being helpful by providing owners the suggestion and other attached information; The Hammocks Cape Haze Condominium Associations', Directors and Administrators assume no responsibility for the transaction or its outcome.

# Estimate

Donna's Door & Window Co.  
 18480 Paulson Dr. Suite B-4  
 Port Charlotte, FL 33954  
 License # AAA-10-00003

Date	Estimate #
6/5/2019	19-4230

Name/Address	
Francis Stenglein Hammocks Cape Haze 8660 Amberjack Cir Englewood 34224	
Customer Phone	937-231-3474
Customer E-mail	hcp.fg.stenglein@gmail.com

Sales Rep	Job Name

Description	Qty	Cost	Total
Impact Rated 3/0x8/0 Therma Tru Style No. FC860 6 Panel Textured Oak Door Only w/ Inswing Sweep 1-14 \$497.70 each 15+ \$478.00 each		0.00	0.00T
Impact Rated 3/0x6/8 Therma Tru Style No. FC60 6 Panel Textured Oak Door Only w/ Inswing Sweep 1-14 \$297.00 15+ \$272.45			
Install 1-4 \$190.00 each 5+ \$157.00 each			
Doors are sold primed and ready to paint. Paint within 30 days of installation.			

<b>Estimates Good for 30 Days</b>		<b>Subtotal</b>
		<b>Sales Tax (7.0%)</b>
Phone #	Fax #	<b>Total</b>
941-255-3770	941-255-3778	

Signature

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Donna's Door & Window Co.  
 18480 Paulson Dr. Suite B-4  
 Port Charlotte, FL 33954  
 License # AAA-10-00003

Date	Estimate #
6/5/2019	19-4230

Name/Address	
Francis Stenglein Hammocks Cape Haze 8660 Amberjack Cir Englewood 34224	
Customer Phone	937-231-3474
Customer E-mail	hcp.fg.stenglein@gmail.com

Sales Rep	Job Name


Description	Qty	Cost	Total
Add ons: 1 set white weather strip - 16.25 Interior or exterior sweep - 8.90			

<b>Estimates Good for 30 Days</b>		<b>Subtotal</b>	\$0.00				
		<b>Sales Tax (7.0%)</b>	\$0.00				
<table border="1" style="width: 100%;"> <tr> <td>Phone #</td> <td>Fax #</td> </tr> <tr> <td>941-255-3770</td> <td>941-255-3778</td> </tr> </table>		Phone #	Fax #	941-255-3770	941-255-3778	<b>Total</b>	\$0.00
Phone #	Fax #						
941-255-3770	941-255-3778						

Signature \_\_\_\_\_

## Better Business Bureau®

[Home](#) > [Florida](#) > [Port Charlotte](#) > [Doors](#) > Donna's Door & Window Company





### Donna's Door & Window Company

Doors

This company provides sales, installation, and service of all types of windows and doors, including impact resistant.

 18480 Paulson Dr STE B4  
Port Charlotte, FL 33954-1036

 <http://www.facebook.com/donnasdoorwindow>

 (941) 255-3770

**Accreditation**



**Accredited Since:**  
11/5/2015

**Years in Business:** 17

**BBB Rating**

# A+

Customer Reviews are not used in the calculation of BBB Rating

**Customer Reviews**

THIS BUSINESS HAS 0 REVIEWS



### Business Details

**Location of This Business**  
18480 Paulson Dr STE B4, Port Charlotte, FL 33954-1036

**BBB File Opened:** 12/12/2005  
**Years in Business:** 17  
**Business Started:** 2/12/2002  
**Business Incorporated:** 2/12/2002 in FL  
**Accredited Since:** 11/5/2015  
**Type of Entity:** Corporation

**Alternate Business Name**  
Annodivad Venture Group, Inc.

**Contact Information**  
Principal



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/20/2019

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.**

**IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).**

<b>PRODUCER</b> GIGA Solutions, Inc. 101 Plaza Real South Ste 201 Boca Raton FL 33432	<b>CONTACT NAME:</b> <b>PHONE (A/C. No. Ext):</b> 888-581-0807 <b>FAX (A/C. No):</b> 954-252-4426 <b>E-MAIL ADDRESS:</b> certs@gigasolves.com												
<b>INSURER(S) AFFORDING COVERAGE</b>													
<b>INSURED</b> Integrity Employee Leasing IV, Inc. 128 W. Charlotte Avenue Punta Gorda FL 33950	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>INSURER A :</b> STATE NATL INS CO INC</td> <td style="width: 20%; text-align: center;"><b>NAIC #</b> 12831</td> </tr> <tr><td><b>INSURER B :</b></td><td></td></tr> <tr><td><b>INSURER C :</b></td><td></td></tr> <tr><td><b>INSURER D :</b></td><td></td></tr> <tr><td><b>INSURER E :</b></td><td></td></tr> <tr><td><b>INSURER F :</b></td><td></td></tr> </table>	<b>INSURER A :</b> STATE NATL INS CO INC	<b>NAIC #</b> 12831	<b>INSURER B :</b>		<b>INSURER C :</b>		<b>INSURER D :</b>		<b>INSURER E :</b>		<b>INSURER F :</b>	
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<b>INSURER F :</b>													

**COVERAGES**

**CERTIFICATE NUMBER: 1027685685**

**REVISION NUMBER:**

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 MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input type="checkbox"/>	N / A	TGW900100400	2/1/2019	1/1/2020	X    PER-STATUTE    OTH-ER E.L. EACH ACCIDENT    \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE    \$ 1,000,000 E.L. DISEASE - POLICY LIMIT    \$ 1,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 Coverage provided for all leased employees but not subcontractors of Annodivad Venture Group Inc dba Donna's Door & Window Co. Location coverage effective 2/1/2019

**CERTIFICATE HOLDER**

**CANCELLATION**

Hammocks Cape Haze 8660 Amberjack Circle Englewood FL 34224	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/21/2019

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<b>PRODUCER</b> <b>Key Agency Inc North Port</b> <b>14942 Tamiami Trail</b> <b>North Port, FL 34287</b> <b>Key Agency Inc.</b>	<b>941-429-9709</b>		<b>CONTACT NAME: Key Agency Inc.</b>	
			<b>PHONE (A/C, No, Ext): 941-429-9709</b>	<b>FAX (A/C, No): 941-429-0287</b>
<b>E-MAIL ADDRESS:</b>				
<b>INSURER(S) AFFORDING COVERAGE</b>				<b>NAIC #</b>
<b>INSURER A : Auto Owners Insurance</b>				<b>18988</b>
<b>INSURER B : First Community Insurance Co.</b>				<b>13990</b>
<b>INSURER C :</b>				
<b>INSURER D :</b>				
<b>INSURER E :</b>				
<b>INSURER F :</b>				

**INSURED**  
**Donnas Door and Window Co dba**  
**Annodivad Venture Group Inc**  
**18480 Paulson Dr Ste B4**  
**Port Charlotte, FL 33954**

### COVERAGES

### CERTIFICATE NUMBER:

### REVISION NUMBER:

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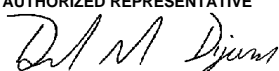
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>B</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			<b>090004983255208</b>	<b>06/30/2018</b>	<b>06/30/2019</b>	EACH OCCURRENCE \$ <b>2,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>50,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>included</b> GENERAL AGGREGATE \$ <b>4,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b> \$
<b>A</b>	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			<b>4634623200</b>	<b>04/18/2019</b>	<b>04/18/2020</b>	COMBINED SINGLE LIMIT (Ea accident) \$ <b>500,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**Door & Window Sales**

### CERTIFICATE HOLDER

### CANCELLATION

<b>HAMMO06</b>  <b>Hammocks Cape Haze</b> <b>8660 Amberjack Circle</b> <b>Englewood, FL 34224</b>	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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