

STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY - REAL ESTATE DIVISION
COMMON-INTEREST COMMUNITIES AND CONDOMINIUM HOTELS PROGRAM

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E-mail: CICombudsman@red.nv.gov <http://red.nv.gov/>

REGISTRATION FILING ADDENDUM

The Association shall submit this form to the Division within 30 days of any change in board membership or hired agents, including any change in contact information (NAC 116.385). There are NO FEES associated with this form. Any changes submitted are for Division use only and will not be reported to the Secretary of State. If submitted incomplete, this form will not be processed and will be returned to sender.

Association's Legal Name _____
(As it appears in the Articles of Incorporation/Secretary of State's website)

Association's Subdivision Name(s) _____
(As it appears on the County Assessor's website)

Nevada Secretary of State (SOS) Entity Number _____ **SOS Original File Date** ____/____/____
(For SOS Filing information, visit <http://nvsos.gov/sosentitysearch/>)

Is the Association identified as a Master or Sub-Association, per the CC&Rs? Master Sub-Association Neither

If identified as a Sub-Association, please indicate the name of the Master Association _____

Has there been a change in address for correspondence with the Association? ... *Yes (complete below)* *No*

C/O _____ Attn. _____

Address _____ City _____ State _____ Zip _____

Association's Telephone Number _____ Fax Number _____
(This phone number will be supplied to the public)

Has there been a change in Management Company? *Yes (complete below)* *No*

If changing management company, complete the Custodian of Record below this section as well.

Management Company Name _____ *Same Correspondence Address as above*

Address _____ City _____ State _____ Zip _____

REQUIRED if YES for this portion: Date new Management began ____/____/____

Has there been a change in the Association's Custodian of Records? *Yes (complete below)* *No*

Individual (not company) designated as the Custodian of Records _____ *Same as CM*

List the address where the Association's records are located below *Same as Correspondence Address*

Address _____ City _____ State _____ Zip _____

Telephone Number _____ Fax Number _____

Has there been a change in Community Manager (CM)? *Yes (complete below)* *No*

If changing the community manager, complete the Custodian of Record above this section as well with current Custodian.

Name of Licensed Community Manager _____ **CM License #** _____
(As it appears on the license issued by the Real Estate Division)

Name of Management Company: _____

Licenses type: **Temporary Certificate** **Provisional Designation** **Supervisory Designation**

If CM is a Temp or Provisional, Supervising Manager _____ Sup. CM License # _____

REQUIRED if YES for this portion: Date new Manager began ____/____/____

Has there been a change in the Association's Attorney of Record? *Yes (complete below)* *No*

Name of Law Firm _____ Name of Attorney _____

Address _____ City _____ State: _____ Zip: _____

Telephone Number _____ Fax Number _____

FOR OFFICIAL USE ONLY

First Date Stamp: _____ Date Processed: _____ Processed By: _____

Second Date Stamp: _____ Date Processed: _____ Processed By: _____

Has there been a change to the board, including officers/ contact information? Yes (complete all below) No

Per the governing documents, how many board members are required?

How many members are currently on the board?

How many officers are not unit owners? _____, indicate office(s) held: Pres Sec Tres VP

ALL CURRENT BOARD MEMBERS

*(The number of board members listed below must match the number listed above for "How many members are currently on the board"
List all board members, including those who are newly elected, re-elected, appointed or changed officer positions since last registration or addendum)*

Executive Board	<input type="checkbox"/> Pres <input type="checkbox"/> Sec <input type="checkbox"/> Tres <input type="checkbox"/> VP <input type="checkbox"/> Dir	<input type="checkbox"/> Pres <input type="checkbox"/> Sec <input type="checkbox"/> Tres <input type="checkbox"/> VP <input type="checkbox"/> Dir	<input type="checkbox"/> Pres <input type="checkbox"/> Sec <input type="checkbox"/> Tres <input type="checkbox"/> VP <input type="checkbox"/> Dir
Reason	<input type="checkbox"/> Elected <input type="checkbox"/> Appointed <input type="checkbox"/> Position Change	<input type="checkbox"/> Elected <input type="checkbox"/> Appointed <input type="checkbox"/> Position Change	<input type="checkbox"/> Elected <input type="checkbox"/> Appointed <input type="checkbox"/> Position Change
Board Member's Name			
Personal Address Number & Street City / State / Zip			
Personal Telephone Number			
Term dates	(Mo./day/yr.) / / thru (Mo./day/yr.) / /	(Mo./day/yr.) / / thru (Mo./day/yr.) / /	(Mo./day/yr.) / / thru (Mo./day/yr.) / /

Executive Board	<input type="checkbox"/> Pres <input type="checkbox"/> Sec <input type="checkbox"/> Tres <input type="checkbox"/> VP <input type="checkbox"/> Dir	<input type="checkbox"/> Pres <input type="checkbox"/> Sec <input type="checkbox"/> Tres <input type="checkbox"/> VP <input type="checkbox"/> Dir	<input type="checkbox"/> Pres <input type="checkbox"/> Sec <input type="checkbox"/> Tres <input type="checkbox"/> VP <input type="checkbox"/> Dir
Reason	<input type="checkbox"/> Elected <input type="checkbox"/> Appointed <input type="checkbox"/> Position Change	<input type="checkbox"/> Elected <input type="checkbox"/> Appointed <input type="checkbox"/> Position Change	<input type="checkbox"/> Elected <input type="checkbox"/> Appointed <input type="checkbox"/> Position Change
Board Member's Name			
Personal Address Number & Street City / State / Zip			
Personal Telephone Number			
Term dates	(Mo./day/yr.) / / thru (Mo./day/yr.) / /	(Mo./day/yr.) / / thru (Mo./day/yr.) / /	(Mo./day/yr.) / / thru (Mo./day/yr.) / /

NO LONGER SERVING ON BOARD

(List those whose terms have expired, resigned, removed... since last registration or addendum)

Executive Board	<input type="checkbox"/> Pres <input type="checkbox"/> Sec <input type="checkbox"/> Tres <input type="checkbox"/> VP <input type="checkbox"/> Dir	<input type="checkbox"/> Pres <input type="checkbox"/> Sec <input type="checkbox"/> Tres <input type="checkbox"/> VP <input type="checkbox"/> Dir	<input type="checkbox"/> Pres <input type="checkbox"/> Sec <input type="checkbox"/> Tres <input type="checkbox"/> VP <input type="checkbox"/> Dir
Reason	<input type="checkbox"/> Term expired <input type="checkbox"/> Resigned <input type="checkbox"/> Removed <input type="checkbox"/> Transition from Declarant <input type="checkbox"/> Other: _____	<input type="checkbox"/> Term expired <input type="checkbox"/> Resigned <input type="checkbox"/> Removed <input type="checkbox"/> Transition from Declarant <input type="checkbox"/> Other: _____	<input type="checkbox"/> Term expired <input type="checkbox"/> Resigned <input type="checkbox"/> Removed <input type="checkbox"/> Transition from Declarant <input type="checkbox"/> Other: _____
Board Member's Name			
End Date	(Mo./day/yr.) / /	(Mo./day/yr.) / /	(Mo./day/yr.) / /

Executive Board	<input type="checkbox"/> Pres <input type="checkbox"/> Sec <input type="checkbox"/> Tres <input type="checkbox"/> VP <input type="checkbox"/> Dir	<input type="checkbox"/> Pres <input type="checkbox"/> Sec <input type="checkbox"/> Tres <input type="checkbox"/> VP <input type="checkbox"/> Dir	<input type="checkbox"/> Pres <input type="checkbox"/> Sec <input type="checkbox"/> Tres <input type="checkbox"/> VP <input type="checkbox"/> Dir
Reason	<input type="checkbox"/> Term expired <input type="checkbox"/> Resigned <input type="checkbox"/> Removed <input type="checkbox"/> Transition from Declarant <input type="checkbox"/> Other: _____	<input type="checkbox"/> Term expired <input type="checkbox"/> Resigned <input type="checkbox"/> Removed <input type="checkbox"/> Transition from Declarant <input type="checkbox"/> Other: _____	<input type="checkbox"/> Term expired <input type="checkbox"/> Resigned <input type="checkbox"/> Removed <input type="checkbox"/> Transition from Declarant <input type="checkbox"/> Other: _____
Board Member's Name			
End Date	(Mo./day/yr.) / /	(Mo./day/yr.) / /	(Mo./day/yr.) / /

The person signing this form must be the Declarant, Board Member or assigned Community Manager who is attesting to the accuracy of the information provided, regardless of whether they completed the form.

The person signing is Declarant Board Member (Position _____) Community Manager (License # _____)

Authorized Name _____ Authorized Signature _____ Date ____/____/____

This form can only be submitted by hand delivery, mail or fax and will not be accepted by email.