STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY - REAL ESTATE DIVISION
OFFICE OF THE OMBUDSMAN FOR COMMON-INTEREST COMMUNITIES AND CONDOMINIUM HOTELS
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ANNUAL ASSOCIATION REGISTRATION

Association's legal name: _____
(As it appears in the Articles of Incorporation/Secretary of State's website)

Subdivision name(s) for the Association: _____
(As it appears on the County Assessor's website)

Nevada Secretary of State (SOS) entity number:_____ **SOS original filing 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 _____

Association's physical address:
(If no address list closest cross streets)

_____

City:_____State: **NV** Zip: _____

County the association is located in: _____

Association Telephone Number: _____

Current Notification Address for Division Use:

C/O_____

Attn:_____

Address:_____

City:_____ State:_____Zip: _____

Pursuant to NRS 116.3101 and NRS 116B.415, indicate the type of common-interest community (choose one):

☐ Profit corporation ☐ Non-profit corporation ☐ Trust ☐ General partnership ☐ Limited partnership ☐ Limited liability company

Is the association a (**check one**): …… ☐ Condominium ☐ Cooperative ☐ Condominium Hotel ☐ Planned Community

If a planned community, indicate unit type: ☐ Single Family Dwelling ☐ Condominium ☐ Duplex ☐ Townhouse ☐ Manufactured Housing

As of this date, the number of units that currently have liens filed against them for unpaid assessments ..... _____

Number of foreclosures, in the prior fiscal year, based on liens for failure of unit owner to pay assessments ..... _____

Units/Budget/Assessments

Number of current annexed units: (*See page 3 regarding residential single family dwelling custom homes under Units/Budget/Assessments)* ..... _____

Max. (total) # of units declarant reserves right to annex as indicated in the Covenant, Conditions & Restrictions (CC&Rs) ..... _____

Have the declarant's developmental rights (right to annex additional units into the community) expired: …… ☐ **Yes** ☐ **No**

Date most recent annual meeting was held ..... (M/D/YR)____/____/____

Accounting Fiscal Year End: ..... (Month /Day):____/____

Total annual budgeted assessments (combined assessment amounts for all units within the community) .....$_____

Total annual budgeted revenue (combined assessment amounts for all units, including interest, other income, etc.).....$ _____

The most recent independent CPA financial statements, required by NRS 116.31144, were:…… ☐ **reviewed** ☐ **audited** ☐ **<$45,000**

The fiscal or calendar **year** for which the reviewed or audited financial statements represent:.....(Year only): _____

If required, has the review or audit above been completed: …… ☐ **Yes** ☐ **No**

Date the audit/review was completed..... (M/D/YR)____/____/____

If not completed, explain: _____

For office use only

Check No.:_____ ***Amount:***_____ ***First Date Stamp:***_____ ☐ ***Walk-in Accepted by:***_____

Receipt No.:_____ ***Fiscal Year:***_____ ***Date Processed:***_____ ***Processed By:*** _____

Notes:_____ ***Second Date Stamp:***_____ ***Processed By:*** _____

☐ ***Reserve Study Summary*** ☐ ***Master Roster*** ☐ ***Correspondence:*** _____

Reserve Study *(NRS 116.31152 and NRS 116B.605)*

Has a site reserve study even been conducted: ..... ☐ Yes ☐ No

Date of Site Inspection ..... (M/D/YR) ____/____/____

If a reserve study has not been conducted, is the executive board confirming that the community has no major components in accordance to NRS 116.0605: ... **If no, attach explanation to why a reserve study has not been conducted** ..... ☐ Yes ☐ No

Was the most recent study adopted by Board: ..... ☐ Yes ☐ No

Date the board adopted the recent study ..... (M/D/YR) ____/____/____

If a reserve study was conducted pursuant to NRS 31152, was Form 609 submitted to the Division:..... ☐ Yes ☐ No

Date Form 609 was submitted to the Division ..... (M/D/YR) ____/____/____

Name of Reserve Study Specialist (or person, pursuant to NRS 116.31152(2)) who conducted study ..... _____

Reserve Study Specialist Registration number or the title of the person: ..... _____

Has the executive board performed its annual review of the reserve study pursuant to NRS 116.31152 (1)(b):..... ☐ Yes ☐ No

Has the executive board made the necessary adjustments after the review pursuant to NRS 116.31152 (1)(c):..... ☐ Yes ☐ No

Required reserve account balance as of the end of the current fiscal year, per the most recent adopted reserve study: ..... $ _____

Projected reserve account balance as of the end of the association's current fiscal year ..... $ _____

Is there currently a Reserve Assessment in effect ..... ☐ Yes ☐ No

If yes, how long is the Reserve Assessment in effect ..... _____

Board/Management/Declarant

Current number of board members ..... _____

Per the governing documents, how many board members are required ..... _____

Have all executive board members signed a Form 602 within 90 days of appointment/election per pursuant to NRS 116.31034(19) or NRS 116B.445(9): ..... ☐ Yes ☐ No

Executive Board	President	Secretary	Treasurer	☐ Vice President ☐ Director
Board Member's Name				
Physical address: Number & Street City / State / Zip Code				
Telephone Number				
E-mail Address (Required)				
	Director	**Director**	**Director**	☐ Hotel Unit Owner ☐ Director
Board Member's Name				
Physical address: Number & Street City / State / Zip Code				
Telephone Number				
E-mail Address (Required)				

Please use a separate sheet of paper for additional board members and attach to this form.

	Management Company and Manager's name	Custodian of Records	Attorney (if applicable)	Declarant
Business Name				
Contact Name				
Address: Number & Street City / State / Zip Code				
Telephone Number				
Fax Number (optional)				

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 be submitted by email, mail, fax, or hand delivery

INSTRUCTIONS FOR ANNUAL ASSOCIATION REGISTRATION FORM FILING

NOTE: This registration form and the annual unit fee must be received in the Office of the Ombudsman, no earlier than 45 days and no later than the last business day for the State of Nevada, in the month the association incorporated with the Office of the Secretary of State.

General Information

- List all subdivision name(s) for the association filed with the county recorder's office, in the county in which the association is located. Go to *http://red.nv.gov/uploadedFiles/rednvgov/Content/Publications/References/subdivision_search.pdf* for instructions on how to locate the subdivision's name.
- Indicate the file number issued by the Secretary of State (SOS) for the business entity formed, as well as the date the association incorporated with the SOS. http://nvsos.gov/sosentitysearch/CorpSearch.aspx)
- Select the type of business entity that the association is organized as: Profit; Nonprofit; Trust; General Partnership; Limited Partnership, Limited Liability Company as prescribed in NRS 116.3101(4)(a) or NRS 116B.415 (3)(a).
- General information required by NRS 116.625(4) (e) or NRS 116B.815 (5). Include the association's legal name, complete physical address or closest cross streets (if no physical address), billing/contact address, telephone number for association and county in which the association is physically located.

Types of Common-Interest Communities:

- Condominium, defined in NRS 116.027, is a common-interest community in which portions of the real estate are designed for separate ownership and the remainder of the real estate is designated for common ownership solely by the owners of those portions. A CIC is not a condominium unless the undivided interests in the common elements are vested in the unit's owners.
- Cooperative, defined in NRS 116.031, is a CIC in which the real estate is owned by an association, each of whose members is entitled by virtue of his ownership in the association to exclusive possession of a unit.
- Condominium Hotel, defined in NRS 116B.060, is a CIC with real estate designated for separate ownership and a hotel unit.
- Planned Community, defined in NRS 116.075, is a CIC that is not a condominium or a cooperative. **However, a condominium or a cooperative may be part of a planned community.**

- **Special instructions for master associations and sub-associations:** If a Master Association is indicated, the master association ***is required*** to submit a master roster (Form #620) that lists the legal names of all sub-associations, the names of any neighborhood(s) or other units directly under the master association as of the filing date of this form.
  If a Sub-association is indicated, the sub association must list the legal name of the master association.
- **Liens:** Indicate the number of units the association has liens ***filed*** for unpaid owner assessments.
- **Foreclosures:** Indicate the number of ***completed*** foreclosures (not the number of Notices of Sale) based on liens for the failure to pay owner assessments. **Prior year is the association's fiscal accounting year.**

Units/Budget/Assessments

- Indicate the current number of annexed residential units (defined in NRS 116.093 and NRS 116B.235), as well as the total number of units the declarant reserves the right to annex.
- Date association held most recent annual meeting. Indicate the Association's fiscal year end.
- Total annual budgeted assessments (from the adopted budget – collective $ amount of all assessments from unit owners.)
- Total annual budgeted revenue (includes all assessments and other revenue anticipated, e.g. interest, and other income - from the adopted budget).

- Indicate whether the financial statements were reviewed or audited (must engage an independent CPA), the reporting year the financial statements represent (must be 12 months), and the date the CPA completed the review or audit.

Reserve Study

NOTE: A reserve study is required to be conducted at least once every 5 years by a reserve study specialist who, pursuant to NRS116A.420, is qualified by training and experience.

Please include all applicable information based on the most recent study.

- Indicate whether a reserve study has ever been conducted. Date of the site inspection for the most recent adopted reserve study.
- Indicate whether the most recent study was adopted by board and the date of adoption, pursuant to NRS 116.31152 (1) and NRS 116B.605 (1).
- Indicate date the Reserve Study Summary Form was mailed/sent to Division, pursuant to NRS 116.31152 (4) and NRS 116B.605 (4).
- Name and registration number of the Reserve Study Specialist (person not company) who performed the study Reserve Specialist name and number can be located at http://red.nv.gov/
- Indicate whether the Executive Board has performed an annual review.
- Indicate whether the Executive Board has made the necessary adjustments after the annual review of the reserve study.
- Indicate the required reserve account balance at the end of current fiscal year (from adopted reserve study).
- Indicate the projected reserve account balance at the end of the association's current fiscal year (from ratified budget).
- Indicate if there is currently a reserve assessment for the reserve account. If so, for how long?

Board/Management/Declarant

NOTE: Each newly elected or appointed board member must complete Form 602 within 90 days of his/her election or appointment. Do not submit this form to the Division. This form is required to be kept as an association record that MAY be requested by the Division at any time.

As applicable, include business and contact name, address, telephone number, fax, and e-mail address for the following:

- Executive Board – Pursuant to NRS 116.31034 and NRS 116B.445, list all officers and directors. Include physical address and personal telephone number of each board member (management company's information is not acceptable).
- Management Company – Include name of company and the community manager as defined in NRS 116.023 and NRS 116B.050.
- Custodian of Records – Identify physical location of CIC records and person responsible for the records, per NRS 116.31175 and NRS 116B.670. The financials and other records must be maintained within the county where the association is located and the books, records and other papers must be made available to the unit owners at the business office or other location not to exceed 60 miles of the location of the association.
- Hotel Unit Owner – Defined in NRS 116B.125, this only applies to condominium hotels. It includes the owner of the hotel unit and shared components and may also be declarant, any successor or any designee of the declarant, or an affiliate of the declarant.
- Attorney – Only provide information if the association has retained an attorney.
- Declarant –As defined in NRS 116.035 and NRS 116B.075, or a successive declarant (developer).
- **THE PERSON AUTHORIZED TO SIGN THE FORM MUST BE A BOARD MEMBER, DECLARANT OR COMMUNITY MANAGER. THAT PERSON MUST PRINT THEIR NAME, TITLE AND MUST SIGN AND DATE THE FORM. IF THE PERSON IS A COMMUNITY MANAGER, THEIR LICENSE NUMBER MUST BE LISTED.**