STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY - REAL ESTATE DIVISION
OFFICE OF THE OMBUDSMAN FOR COMMON-INTEREST COMMUNITIES AND CONDOMINIUM HOTELS
3300 W. Sahara Ave., Suite 325 * Las Vegas, Nevada 89102
(702) 486-4480 * Toll free: (877) 829-9907 * Fax: (702) 486-4520
E-mail: mailto:CICOmbudsman@red.nv.gov http://red.nv.gov/

ANNUAL ASSOCIATION REGISTRATION

NOTE: Please read instructions on pages 3 & 4 of how to complete the form.

Association's legal name: _____
(Articles of Incorporation)

Subdivision name(s) for the Association: _____
(For instructions on how to locate the subdivision name, visit http://red.nv.gov/uploadedFiles/rednvgov/Content/Publications/References/subdivision_search.pdf)

Nevada Secretary of State (SOS) entity number: _____ **SOS original filing date:** ____/____/____
(For SOS filing information, log onto http://nvsos.gov/sosentitysearch/CorpSearch.aspx)

Is the common-interest community a master association or sub-association? (If so, indicate which.) ☐ Master ☐ Sub ☐ N/A

If a sub-association, to which master association does the sub-association belong too? _____

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

_____

City: _____ State: **NV** Zip: _____

County the association is located in: _____

Current billing address:

_____

_____

City: _____ State: _____ Zip: _____

Association Telephone Number: _____

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 what type(s) of units are included:
  ☐ 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 annexed units with a Certificate of Occupancy: _____
(*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**
If the association's total annual budget is less than $45,000, a review or an audit is not required to be conducted.

The fiscal or calendar year for which the reviewed or audited financial statements represent: _____

If required, has the review or audit above been completed? ☐ **Yes** ☐ **No** Date completed (M/D/YR): _____/_____/_____

If not completed, explain: _____

For office use only

Check No.:_____ ***Amount:*** _____ ***First Date Stamp:*** _____

Receipt No.:_____***Fiscal Year:*** _____ ***Second Date Stamp:*** _____

Notes: _____***Third Date Stamp:*** _____

☐ ***DOCS - How many:*** _____ ☐ ***Reserve Study Summary*** ☐ ***Master Roster*** ☐***Correspondence:***_____

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

Has a reserve study ever 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? ☐ **Yes** ☐ **No** **If no, attach explanation to why a reserve study has not been conducted.**

Was the most recent study adopted by Board? ☐ **Yes** ☐ **No** Date the board adopted the recent study (M/D/YR): ____/____/____

If a reserve study with a site inspection has been conducted, was Form 609 submitted to the Division? ☐ **Yes** ☐ **No**

Date Form 609 was submitted to the Division (M/D/YR): ____/____/____ ☐ **Enclosed:** Date on Form 609 (____/____/____)

Name of Reserve Specialist (person) who conducted study: _____ Registration #: _____

BOTH requirements must be met if the reserve study was not conducted by a Reserve Specialist:

*If the common-interest community contains 20 or fewer units **AND** is located in a county whose population is 55,000 or less, the study of the reserves required by NRS 116.31152 may be conducted by any person whom the executive board deems qualified to conduct the study. [NRS 116.31152(2)] If **BOTH** requirements listed above have been met, provide:*

Name of the individual conducting the reserve study: _____ Title (if applicable):_____

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 so, how long is the assessment? _____

Board/Management/Declarant

Current number of executive board members: _____ Number of executive board members per governing documents: _____

- Have all executive board members completed/signed Form 602 within 90 days of appointment/election per NRS 116.31034 (15) or NRS 116B.445(9) ☐ **Yes** ☐ **No**
- Have copies of Form 602 for each board member been submitted to the Division? ☐ **Yes** ☐ **No**
  If no, explain: _____

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

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)				

Name of person completing this form (print): _____ **Title:** _____

Person authorized to sign form: ☐ **Board Member (Title:** _____**)** ☐ **Community Manager (License #**_____**)** ☐ **Declarant**

Print name: _____ **Signature:** _____ **Date signed:** _____/_____/_____

Authorized person signing is attesting to the accuracy of the information provided.

INSTRUCTIONS FOR ANNUAL ASSOCIATION REGISTRATION FORM FILING

NOTE: This registration form and the annual unit fee must be received in the Las Vegas 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 a 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(3) (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. A Certificate of Occupancy must be issued for units, with the exception of units designated for residential single family dwelling custom homes.
- 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 and submit a copy of Form 602 to the Division. Only one copy is required, per election or appointment, to be submitted to the Division at the time of registration.

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.**