

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

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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 making a change to Community Management Company address, Manager must submit this form 623 for each Association managed].

Management Company Name _____ *Same Correspondence Address as above*

Address _____ City _____ State _____ Zip _____

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

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

Telephone Number _____ Fax Number _____

Licenses type: Temporary Certificate Provisional Designation Supervisory Designation

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

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 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

LIST ALL CURRENT BOARD MEMBERS

NEW BOARD MEMBERS (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 (termed, 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.

INSTRUCTIONS FOR REGISTRATION FILING ADDENDUM

NOTE: The filing addendum form is required to be submitted to the Las Vegas Office of the Common-Interest Communities Program for any change in the contact information of a member of the executive board within 30 days for Nevada Administrative Code (NAC) 116.385.

General Information

- List the association's name as filed with the Nevada Secretary of State (SOS).
- List the subdivision name assigned by the county assessor's office. Instructions on how to locate subdivision name can be found on Division's website at: <http://red.state.nv.us/CIC/Publications/subdivision.search.pdf>
- Indicate the entity number issued by the SOS for the business entity formed, as well as the date the association incorporated with the SOS. This information is found at: <http://nvsos.gov/sosentitysearch/CorpSearch.aspx>.
- Indicate whether the association is identified in the governing documents as a master or sub. If neither, please check the box listed as neither.
- If the association is a sub association, the sub association is required to list the legal name of the master association.

Reason Why Form is Submitted

- The filing addendum should be submitted anytime a change has occurred after the annual registration filing has been submitted. Please check the appropriate box indicating the reason why the form is submitted. If the form is submitted because of a change to the board of directors, page 2 provides a section to identify these changes and is required to be completed.

Address/Telephone Number

- Indicate the mailing address used by the Division and provided to the public, if requested.
- Indicate the mailing address of the management company. This address should be the address identified by the management company to send correspondence – should be consistent throughout the company.

Board Members

- List the number of board members required to fill the board of directors as indicated in the governing documents.
- List the current number of members on the board of directors.
- List the current number of officers and the offices held.
- Of the offices held, how many offices are held by persons other than a unit owner? Identify the offices that non-unit owners hold.

Board Titles

- **NEW BOARD MEMBERS** – List the board members that became board members after the filing of the annual registration form (elected, appointed or changed officer positions) and their term dates. Identify which title that person holds. If additional space is needed, please use a separate sheet of paper.
- **NO LONGER SERVING ON THE BOARD** – List the board members that were listed on the most recent annual registration form submitted to the Division but are no longer on the board (termed, resigned, removed). Identify the title the person held and the reason the person is no longer on the board.

Authorized Signature

- The person signing the form must be the Declarant, Board Member or the Community Manager attesting to the accuracy of the information provided, regardless of whether they completed the form. Community Managers are required to print and sign name as listed on the license issued by the Division.