

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

REGISTRATION FILING ADDENDUM

Association's Legal Name _____
(The name of the association as it appears in the Articles of Incorporation)

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

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 _____

This form is submitted to the Division as notification of *(check all applicable)*

- Change of Licensed Community Manager and Management Company
- Change of Licensed Community Manager within Current Management Company
- Change of Attorney of Record
- Change(s) of Board of Directors (See page 2)
(Top portion of page 1 required to be completed, if no other changes)
- Change of Mailing Address

Current Notification Address for Division Use
(If professionally managed, include name of the Management Company)
 C/O _____

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

Mailing Address of Management Company
 Same as Notification Address
 Company Name _____
 Address _____
 City _____ State _____ Zip _____
 Fax Number _____

Management/Custodian of Records

Name of the Community Manager assigned to association.....
(Provide name as it appears on the license issued by the Real Estate Division)

License number **CAM #** _____ TEMP PROV * CM SUPR
 * **List the Supervising Community Manager** _____ **CAM #** _____ .SUPR
(Provide name as it appears on the license issued by the Real Estate Division)

Provide the date the above listed management company began management / /

If this is notification of a new Licensed Community Manager, date began management / /

Name of the individual designated as the **Custodian of Record**

List the address where the association's records are located

Company Name _____ Phone Number _____ Fax Number _____
(if applicable)

Address _____ City _____ State _____ Zip _____

FOR OFFICIAL USE ONLY

DOCS Qty. _____ **Processed By** _____ **Date Processed** _____ **First Date Stamp** _____

Data Entry Notes _____ **Second Date Stamp** _____

Attorney

If the association currently has an Attorney of Record, please provide the following information

Name of Law Firm _____ Name of Attorney _____
(If applicable)
 Address _____ City _____ State: _____ Zip: _____
 Telephone Number _____ Fax Number _____

Board Members

Per the governing documents, how many board members are required to fill the board of directors..... _____
 How many members are on the board of directors? _____
 Of the current number of board members, how many are officers? _____, indicate office(s) held: Pres Sec Tres VP Other _____
 How many officers are not unit owners? _____, indicate office(s) held: Pres Sec Tres VP Other _____

+ Add (List those elected, re-elected, appointed or a position change)

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
Board Member's Name			
Physical address Number & Street City / State / Zip			
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
Board Member's Name			
Physical address Number & Street City / State / Zip			
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.) / /

-Remove (List those whose terms have expired; resigned; were recalled; a position change; or other and indicated why)

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
Board Member's Name			
Date term expired	(Mo./day/yr.) / /	(Mo./day/yr.) / /	(Mo./day/yr.) / /
Removal reason (Required)	<input type="checkbox"/> Term expired <input type="checkbox"/> Resigned <input type="checkbox"/> Position Chg. <input type="checkbox"/> Removed <input type="checkbox"/> Transition from Declarant Board <input type="checkbox"/> Other: _____	<input type="checkbox"/> Term expired <input type="checkbox"/> Resigned <input type="checkbox"/> Position Chg. <input type="checkbox"/> Removed <input type="checkbox"/> Transition from Declarant Board <input type="checkbox"/> Other: _____	<input type="checkbox"/> Term expired <input type="checkbox"/> Resigned <input type="checkbox"/> Position Chg. <input type="checkbox"/> Removed <input type="checkbox"/> Transition from Declarant Board <input type="checkbox"/> Other: _____
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
Board Member's Name			
Date term expired	(Mo./day/yr.) / /	(Mo./day/yr.) / /	(Mo./day/yr.) / /
Removal reason (Required)	<input type="checkbox"/> Term expired <input type="checkbox"/> Resigned <input type="checkbox"/> Position Chg. <input type="checkbox"/> Removed <input type="checkbox"/> Transition from Declarant Board <input type="checkbox"/> Other: _____	<input type="checkbox"/> Term expired <input type="checkbox"/> Resigned <input type="checkbox"/> Position Chg. <input type="checkbox"/> Removed <input type="checkbox"/> Transition from Declarant Board <input type="checkbox"/> Other: _____	<input type="checkbox"/> Term expired <input type="checkbox"/> Resigned <input type="checkbox"/> Position Chg. <input type="checkbox"/> Removed <input type="checkbox"/> Transition from Declarant Board <input type="checkbox"/> Other: _____

Form Completion/Authorized Signature

Print the name and title of the person that completed the form (can be different from the person authorized to sign)

_____ Title _____ (if applicable)

*The person signing this form must be the **Declarant, Board Member or the Community Manager** who is attesting to the accuracy of the information provided, regardless of whether they completed the form. (Community Managers must print and sign name as listed on the license issued by the Nevada Real Estate Division.)*

Print name _____ Signature _____ Date signed ____/____/____

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

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 at: http://red.nv.gov/uploadedFiles/rednvgov/Content/Publications/References/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

- **+** Add – List the board members that became board members after the filing of the annual registration form and their term dates. Identify which title that person holds. If additional space is needed, please use a separate sheet of paper.
- **-** Remove – 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. 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.