

**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  
<http://red.nv.gov>

**LIMITED PURPOSE ASSOCIATION CREATED AS A RURAL AGRICULTURAL  
 RESIDENTIAL COMMON-INTEREST COMMUNITY ANNUAL REGISTRATION**

Name of Association: \_\_\_\_\_

Secretary of State entity number: \_\_\_\_\_ Secretary of State file date: \_\_\_\_\_

Association's Physical Address: \_\_\_\_\_

Association's Mailing Address: \_\_\_\_\_

Association's Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Management Company (if any) \_\_\_\_\_

Management Company's address: \_\_\_\_\_

**DESCRIPTION OF ASSOCIATION PROPERTY**

Units conveyed/closed to date: \_\_\_\_\_ Units declarant reserves/reserved the right to convey: \_\_\_\_\_

Is the association a: (check one)     Single Family Dwelling     Manufactured Housing

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

<b>Executive Board</b>	<b>President</b>	<b>Secretary</b>	<b>Treasurer</b>
Board Member's Name			
Physical address: Number & Street City / State / Zip Code			
Telephone Number			
E-mail Address (Optional)			

Name of person completing form (print) \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_ Mgr. License # \_\_\_\_\_

*For office use only*

Processed By: _____	Date Processed: _____	Date Received _____
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