## 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: <u>CICOmbudsman@red.nv.gov</u> <u>http://red.nv.gov</u>

## ANNUAL HOTEL UNIT OWNER REGISTRATION

NRS 116B.125 defines "Hotel Unit Owner" as the owner of the hotel unit and the shared components. The hotel unit owner may be the declarant or any successor or assignee of the declarant or an affiliate of the declarant.

As of May 5, 2011, the hotel unit owner's portion of a Condominium Hotel is required to register with the Office of the Ombudsman for Owners in Common-Interest Communities and Condominium Hotels annually, pursuant to NAC 116B.330.

Name of Hotel Unit Owner: _					
Contact Name:		Title:			
Telephone Number:	Email Ad	ldress:			
Legal name of the condominium site:	n hotel association, located v	vithin the hotel, as it app	ears on the Secretary of	of State's w	eb
(For SOS filing information, log onto	nttp://nvsos.gov/sosentitysearch/Co	prpSearch.aspx)			
Hotel's unit owners physical address:		Current mailing address:			
City:	State: <u>NV</u> Zip:				
County the hotel is located in: _		City:	State:	Zip:	
The amount of budgeted expense	ses (both shared expenses and	d total expenses) for curr	rent year: \$		
The date which the most recent	audit or review of the financ	ial statements was comp	leted://		
If audited, what was the opinion *An unqualified opinion results whe *A qualified opinion results when an scope. Reserve Study (NRS 116B.610	n an auditor finds no material mi auditor finds a deviation from g	v	•	on to the aud	it's
Has a reserve study ever been c	_				
Date the most recent reserve stu		/yr.)://	_		
Name of Reserve Specialist wh	o conducted study:		Registrat	tion #:	
Has the hotel unit owner perfor	med its annual review of the	reserve study pursuant to	o NRS 116B.610 (1) (		
Has the hotel unit owner made	he necessary adjustments af	ter the review pursuant to	o NRS 116B.610 (1) (	□ Yes c)? □ Yes	□ No
Name of person completing this fo	rm (print):		Title:		
Signature:	Print name:		Date signed:		
Autho	rized person signing is attesting	to the accuracy of the inform	nation provided.		
	<u>For off</u>	ice use only:			
Processed by:	Date Received:		Date Processed:		