

Maria Gallo

From: Jasmine Pryce
Sent: Friday, May 17, 2024 12:35 PM
To: Katie Austin
Subject: RE: Updated 623 for Chestnut Hill at Providence

FILED

JUN 07 2024

NEVADA COMMISSION FOR
COMMON INTEREST COMMUNITIES
AND CONDOMINIUM HOTELS

mgallo

Caution: [EXTERNAL EMAIL] This email originated from outside the company.

Awesome!!!!

Take Care,

Jasmine Pryce
Administrative Assistant II- CICCH Compliance
Nevada Real Estate Division
3300 W Sahara Avenue, suite 350
Las Vegas, NV 89102
702.486.2592 (phone)
702.486.4275 (fax)



Nevada Real Estate Division

Nevada Department of Business and Industry
"Growing business in Nevada"

From: Katie Austin <[REDACTED]>
Sent: Friday, May 17, 2024 11:45 AM
To: Jasmine Pryce <jpryce@red.nv.gov>
Subject: RE: Updated 623 for Chestnut Hill at Providence

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Jasmine, thank you!

The Association did receive docs regarding the Commission Hearing. I'll reach out to the contacts on those docs. 😊

Katie Austin
Community Manager
Associa Nevada South
7670 W. Lake Mead Blvd, Suite 100
Las Vegas NV 89128

Office: 702-795-3344

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From: Jasmine Pryce <jpryce@red.nv.gov>
Sent: Friday, May 17, 2024 10:00 AM
To: Katie Austin [REDACTED]
Subject: RE: Updated 623 for Chestnut Hill at Providence

Caution: [EXTERNAL EMAIL] This email originated from outside the company.

Katie,

Perfect thank you! I will update the association's file here at the Division. You should be receiving mail from the Attorney General, if you haven't yet, regarding the commission hearing. Once you receive that communication from them, contact them and let them know you sent over the necessary forms needed to show there are 3 board members and that Chestnut Hill is in compliance. I believe we sent out commission docs but that is separate from the attorney general's communication.

If you need anymore assistance, I'm here!

Jasmine Pryce
Administrative Assistant II- CICCH Compliance
Nevada Real Estate Division
3300 W Sahara Avenue, suite 350
Las Vegas, NV 89102
702.486.2592 (phone)
702.486.4275 (fax)



From: Katie Austin <[REDACTED]>
Sent: Friday, May 17, 2024 9:01 AM
To: Jasmine Pryce <jpryce@red.nv.gov>
Subject: Updated 623 for Chestnut Hill at Providence

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Good morning Jasmine, happy Friday!

I appreciate your help yesterday! See attached updated 623 form for Chestnut Hill at Providence. Please advise if anything else is needed.

Thank you,

Katie Austin

Community Manager

Associa Nevada South

7670 W. Lake Mead Blvd, Suite 100

Las Vegas NV 89128

Office: 702-795-3344



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STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY - REAL ESTATE DIVISION
COMMON-INTEREST COMMUNITIES AND CONDOMINIUM HOTELS PROGRAM
3300 W. Sahara Avenue, Suite 350 * Las Vegas, NV 89102
(702) 486-4480 * Toll free: (877) 829-9907 * Fax: (702) 486-4520
E-mail: HOARegistrations@red.nv.gov http://red.nv.gov/

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 Chestnut Hill at Providence Community Association
(As it appears in the Articles of Incorporation/Secretary of State's website)

Association's Subdivision Name(s) Providence POD 118 Phase 2
(As it appears on the County Assessor's website)

Nevada Secretary of State (SOS) Entity Number E-059695-2007 SOS Original File Date 08/20/2007
(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 Providence 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 changing management company, complete the Custodian of Record below this section as well.

Management Company Name _____ Same Correspondence Address as above

Address _____ City _____ State _____ Zip _____

REQUIRED if YES for this portion: 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 Community Manager (CM)? Yes (complete below) No

If changing the community manager, complete the Custodian of Record above this section as well with current Custodian.

Name of Licensed Community Manager Katie Austin CM License # 10212
(As it appears on the license issued by the Real Estate Division)

Name of Management Company: Associa Nevada South

Licenses type: Temporary Certificate Provisional Designation Supervisory Designation

If CM is a Provisional or Supervising Manager Crystal Curcio Sup. CM License # 8956

REQUIRED if YES for this portion: Date new Manager began 04/22/2024

Has there been a change in the Association's Attorney of Record? Yes (complete below) No

Name of Law Firm _____ Name of Attorney _____

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? 3
 How many members are currently on the board? 3
 How many officers are not unit owners? _____, indicate office(s) held: Pres Sec Tres VP

ALL CURRENT BOARD MEMBERS

*(The number of board members listed below must match the number listed above for "How many members are currently on the board"
 List all board members, including those who are newly elected, re-elected, appointed or changed officer positions since last registration or addendum)*

Executive Board	<input checked="" 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 checked="" type="checkbox"/> Tres <input type="checkbox"/> VP <input type="checkbox"/> Dir	<input type="checkbox"/> Pres <input checked="" type="checkbox"/> Sec <input type="checkbox"/> Tres <input type="checkbox"/> VP <input type="checkbox"/> Dir
Reason	<input checked="" type="checkbox"/> Elected <input type="checkbox"/> Appointed <input type="checkbox"/> Position Change	<input checked="" type="checkbox"/> Elected <input type="checkbox"/> Appointed <input type="checkbox"/> Position Change	<input type="checkbox"/> Elected <input checked="" type="checkbox"/> Appointed <input type="checkbox"/> Position Change
Board Member's Name	[REDACTED]		
Personal Address Number & Street City / State / Zip	[REDACTED]		
Personal Telephone Number	[REDACTED]		
Term dates	[REDACTED]		

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

(List those whose terms have expired, 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 # 10212)
 Authorized Name Katie Austin Authorized Signature Katie Austin Date 05/17/2024

This form can be submitted by email, mail, fax or hand delivery.