

ARKANSAS REAL ESTATE COMMISSION

612 South Summit Street
Little Rock, AR 72201-4701
Website www.arec.arkansas.gov

**APPLICATION FOR ABBREVIATED REGISTRATION
TIME-SHARE PLAN**

The following information is furnished to the Arkansas Real Estate Commission as required by Arkansas Code Ann. §18-14-203(a)(4). Attach additional sheets if necessary.

A. TIME-SHARE PLAN

1. Name: _____

2. Location: _____

3. Address of Project: _____

Street and P.O. Box

City

State

Zip Code

B. ON-SITE INDIVIDUAL FOR CONTACT PURPOSES

1. Name & Title: _____

2. Telephone No.: _____

3. Email Address: _____

4. Mailing Address: _____

Street and/or PO Box

City

State

Zip Code

C. DEVELOPER'S COMPANY/CORPORATION

1. Name: _____

2. Location: _____

3. Name & Title of individual for contact purposes:

4. Telephone No.: _____

5. Email Address: _____

6. Mailing Address: _____
Street and P.O. Box

City State Zip Code

D. Identify the state in which this time-share plan registered. Provide verification that the time-share plan is registered and is in good standing with the state in which the time-share plane is fully registered.

E. Attach a complete copy of the Public Offering Statement currently provided to Purchasers.

F. ABBREVIATED REGISTRATION FEE: (\$500.00) \$ _____

IMPORTANT: This Abbreviated Registration may not cover multiple Time-Share Plans. For each Time-Share Plan Fully registered a separate Abbreviated Registration is required.

Submitted By:

(Name and Title)

(Signature) Date