



AREC

Arkansas Real Estate Commission

Arkansas Time-Share Plan Registration Renewal Form

The following information is furnished to the Arkansas Real Estate Commission as required by Arkansas Code Ann. §18-14-204(e) for renewal of the registration of the Time-Share Plan named below.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

1. TIME-SHARE PLAN

I. Name: _____

II. Location: _____

III. Address of Project: _____
Street and P.O. Box

_____ City State Zip Code

2. ON-SITE INDIVIDUAL FOR CONTACT PURPOSES

I. Name and Title: _____

II. Telephone Number: _____

III. Email Address: _____

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

_____ City State Zip Code

3. DEVELOPER'S COMPANY/CORPORATION

I. Name: _____

II. Location: _____

III. Name and Title of individual for contact purposes:

IV. Telephone No.: _____

V. Email Address: _____

VI. Office Mailing Address: _____

Street and P.O. Box

City

State

Zip Code

4. Attach a complete copy of the Public Offering Statement currently provided to Purchasers, pursuant to Arkansas Code Ann. §18-14-404.

5. Is the Time-Share Plan subject to any blanket encumbrances and/or liens? YES NO

If yes, please indicate below with which requirements of Arkansas Code Ann. §18-14-410 the Developer is complying.

I. Releases of all liens affecting the Time-Share Interval. YES NO

II. A Surety Bond or Insurance against the lien from a company acceptable to the Agency, as provided for liens on real estate in this state. YES NO

III. An underlying lien document containing a provision wherein the lien holder subordinates its rights to that of a Time-Share Purchaser who fully complies with all of the provisions and terms of the contract of sale. YES NO

6. Attach updated and complete financial statements prepared in accordance with generally accepted accounting principles fully and fairly disclosing the current financial condition of the Developer which are certified by a Certified Public Accountant or a Registered Public Accountant who shall state that in his/her opinion the financial statement presents fairly the financial position of the entity for which the certification is rendered, pursuant to Regulation 13.8.

7. IDENTIFY THE FOLLOWING AGENTS USED, CONTROLLED OR AFFILIATED WITH THE DEVELOPER:

I. ACQUISITION AGENT

A. Name of Company: _____

B. Name and Title of Responsible Individual:

C. Office Mailing Address: _____
Street and P.O. Box

City

State

Zip Code

D. Telephone Number: _____

E. Email Address: _____

F. Please indicate below the amount and type of Bond which has been furnished and is currently in effect.

AMOUNT:

- 1) _____ A \$10,000.00 Bond as required by Commission Regulation 13.1(d).
- 2) _____ A \$50,000.00 Bond as required by Commission Regulation 13.1(d).

TYPE:

- _____ SURETY COMPANY BOND
- _____ CORPORATE BOND
- _____ CASH BOND

II. BROKER

A. Name of Firm: _____

B. Name of Responsible Broker: _____

C. Office Mailing Address: _____
Street and P.O. Box

_____ City State Zip Code

D. Telephone No.: _____

E. Email Address: _____

F. Please indicate below the amount and type of Bond which has been furnished and is currently in effect.

AMOUNT:

- 1) _____ A \$10,000 Bond as required by Commission Regulation 13.1(d).
- 2) _____ A \$50,000 Bond as required by Commission Regulation 13.1(d).

TYPE:

- _____ SURETY COMPANY BOND
- _____ CORPORATE BOND
- _____ CASH BOND

F. Attach a list of Brokers and Salespersons licensed with the firm.

III. MANAGING AGENT

A. Name of Firm: _____

B. Name and Title of Responsible Individual:

C. Office Address: _____
Street and PO Box

_____ City State Zip Code

D. Telephone No.: _____

E. Email Address: _____

F. Please indicate below the amount and type of Bond which has been furnished and is currently in effect.

AMOUNT:

- 1) _____ A \$10,000 Bond as required by Commission Regulation 13.1(d).
2) _____ A \$50,000 Bond as required by Commission Regulation 13.1(d).

TYPE:

- _____ SURETY COMPANY BOND
_____ CORPORATE BOND
_____ CASH BOND

IV. EXCHANGE AGENT:

A. Name of Firm: _____

B. Name and Title of Responsible Individual:

C. Office Mailing Address: _____
Street and P.O. Box

_____ City State Zip Code

D. Telephone No.: _____

E. Email Address: _____

8. Is there any other information which is necessary to reflect a material change from the previous renewal registration?

YES NO

If yes, please attach information along with an explanation.

9. RENEWAL FEES:

I. Project: (\$350.00) \$ _____

II. Acquisition Agent (\$150.00) \$ _____

Broker (\$75.00) \$ _____

Managing Agent (\$75.00) \$ _____

TOTAL RENEWAL AMOUNT ENCLOSED \$ _____

Submitted By:

(Name and Title)

Date

(Signature)

NOTE: Please return completed form and fees to the Arkansas Real Estate Commission by June 1st.