



AREC

Arkansas Real Estate Commission

Arkansas Time-Share Plan Annual Recertification Abbreviated Registration

The following information is furnished to the Arkansas Real Estate Commission as required by Arkansas Code Ann. §18-14-203(c)(3) and Commission Regulation 13.1(c)(4) for recertification 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 & Title: _____

II. Telephone No.: _____

III. Email Address: _____

IV. Mailing Address: _____
Street and/or PO Box

City State Zip Code

3. DEVELOPER'S COMPANY/CORPORATION

I. Name: _____

II. Location: _____

III. Name & Title of individual for contact purposes:

IV. Telephone No.: _____

V. Email Address: _____

VI. Mailing Address: _____

Street and P.O. Box

City

State

Zip Code

4. In what state is your Time-Share Plan fully registered? _____

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

Attach a current registration approval from the state where the Time-Share Plan is fully registered.

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

YES NO

If yes, please attach information along with an explanation.

7. RECERTIFICATION FEE: (\$300.00) Amount enclosed \$ _____

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*):

_____ Date _____

Signature

NOTE: Please return the completed form with filing fee to the Arkansas Real Estate Commission by June 1st. Thank you for your cooperation.