

STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY - REAL ESTATE DIVISION
OFFICE OF THE OMBUDSMAN FOR COMMON-INTEREST COMMUNITIES AND CONDOMINIUM HOTELS

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ANNUAL ASSOCIATION REGISTRATION

Association's legal name: Southern Highlands Community Association

(As it appears in the Articles of Incorporation/Secretary of State's website)

Subdivision name(s) for the Association: N/A

(As it appears on the County Assessor's website)

Nevada Secretary of State (SOS) entity number: C159-2000 **SOS original filing date:** 01 / 04 / 2000

(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: _____

Association's physical address:

(If no address list closest cross streets)

11411 Southern Highlands Parkway, Suite #100

City: Las Vegas State: NV Zip: 89141

County the association is located in: Clark

Association Telephone Number: (702) 361-6640

Current Notification Address for Division Use:

C/O Olympia Management Services

Attn: Sara Gilliam

Address: 11411 Southern Highlands Parkway, Suite #100

City: Las Vegas State: NV Zip: 89141

Pursuant to NRS 116.3101 and NRS 116B.415, indicate the type of common-interest community (choose one):

☐ Profit corporation ☒ Non-profit corporation ☐ Trust ☐ General partnership ☐ Limited partnership ☐ Limited liability company

Is the association a (check one): ☐ Condominium ☐ Cooperative ☐ Condominium Hotel ☒ Planned Community

If a planned community, indicate unit type: ☒ Single Family Dwelling ☐ Condominium ☐ Duplex ☐ Townhouse ☐ Manufactured Housing

As of this date, the number of units that currently have liens filed against them for unpaid assessments 64

Number of foreclosures, in the prior fiscal year, based on liens for failure of unit owner to pay assessments 0

Units/Budget/Assessments

Number of current annexed units: (See page 3 regarding residential single family dwelling custom homes under Units/Budget/Assessments) 8,316

Max. (total) # of units declarant reserves right to annex as indicated in the Covenant, Conditions & Restrictions (CC&Rs) 10,400

Have the declarant's developmental rights (right to annex additional units into the community) expired: ☐ Yes ☒ No

Date most recent annual meeting was held (M/D/YR) 11 / 27 / 2023

Accounting Fiscal Year End: (Month /Day): 12 / 31

Total annual budgeted assessments (combined assessment amounts for all units within the community) \$ 7,800,454

Total annual budgeted revenue (combined assessment amounts for all units, including interest, other income, etc.) \$ 8,023,638

The most recent independent CPA financial statements, required by NRS 116.31144, were: ☐ reviewed ☒ audited ☐ <\$45,000

The fiscal or calendar year for which the reviewed or audited financial statements represent: (Year only): 2022

If required, has the review or audit above been completed: ☒ Yes ☐ No

Date the audit/review was completed: (M/D/YR) 11 / 15 / 2024

If not completed, explain: _____

<i>For office use only</i>			
Check No.: _____	Amount: _____	First Date Stamp: RECEIVED FEB 06 2024	☐ Walk-in Accepted by: _____
Receipt No.: _____	Fiscal Year: _____	Date Processed: <u>02/16/2024</u>	Processed By: <u>KD</u>
Notes: _____	Second Date Stamp: _____	Processed By: _____	
☐ Reserve Study Summary ☐ Master Roster ☐ Correspondence: _____			

Reserve Study (NRS 116.31152 and NRS 116B.605)

Has a site reserve study even been conducted: ☒ Yes ☐ No
Date of Site Inspection: (M/D/YR) 08 / 09 / 23
If a reserve study has not been conducted, is the executive board confirming that the community has no major components in accordance to NRS 116.0605: ... **If no, attach explanation to why a reserve study has not been conducted** ☒ Yes ☐ No
Was the most recent study adopted by Board: ☒ Yes ☐ No
Date the board adopted the recent study (M/D/YR) 1 / 23 / 24
If a reserve study was conducted pursuant to NRS 31152, was Form 609 submitted to the Division: ☒ Yes ☐ No
Date Form 609 was submitted to the Division (M/D/YR) 1 / 23 / 24
Name of Reserve Study Specialist (or person, pursuant to NRS 116.31152(2)) who conducted study Complex Solutions, LTD
Reserve Study Specialist Registration number or the title of the person: RSS.0000004
Has the executive board performed its annual review of the reserve study pursuant to NRS 116.31152 (1)(b): ☒ Yes ☐ No
Has the executive board made the necessary adjustments after the review pursuant to NRS 116.31152 (1)(c): ☒ Yes ☐ No
Required reserve account balance as of the end of the current fiscal year, per the most recent adopted reserve study: \$ 5123183.00
Projected reserve account balance as of the end of the association's current fiscal year \$ 4630088.00
Is there currently a Reserve Assessment in effect ☐ Yes ☒ No
If yes, how long is the Reserve Assessment in effect N/A

Board/Management/Declarant

Current number of board members 4
Per the governing documents, how many board members are required 5
Have all executive board members signed a Form 602 within 90 days of appointment/election per pursuant to NRS 116.31034(19) or NRS 116B.445(9): ☒ Yes ☐ No

Executive Board	President	Secretary	Treasurer	☐ Vice President ☐ Director			
Board Member's Name	CONSIDERED CONFIDENTIAL ONCE SUBMITTED TO DIVISION PURSUANT TO NEVADA ADMINISTRATIVE CODE (NAC) 116.385 (1)						
Physical address Number & Street City State Zip Code							
Telephone Number							
E-mail Address							
Board Member's Name							
Physical address Number & Street City State Zip Code							
Telephone Number							
E-mail Address							
Business Name					Olympia Management Services	Olympia Management Services	Southern Highlands Development
Contact Name					Sara Gilliam	Sara Gilliam	
Address Number & Street City State Zip Code	11411 Southern Highlands Parkway Suite #100 Las Vegas NV 89141	11411 Southern Highlands Parkway Suite #100 Las Vegas NV 89141					
Telephone Number	(702) 361-6640	(702) 361-6640					
Fax Number (optional)							

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 # 7565)

Authorized Name Sara Gilliam

Authorized Signature 

Date 1/30/2024

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