

STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY - REAL ESTATE DIVISION  
OFFICE OF THE OMBUDSMAN FOR COMMON-INTEREST COMMUNITIES AND CONDOMINIUM HOTELS  
3300 W. Sahara Ave. Ste. 350 • Las Vegas, NV 89102  
(702) 486-4480 • Toll free: (877) 829-9907 • Fax: (702) 486-4520  
E-mail: mailto:CICombidmsman@red.nv.gov http://red.nv.gov/

**ANNUAL ASSOCIATION REGISTRATION**

**Association's legal name:** NORTHERN TERRACE HOMEOWNERS ASSOCIATION

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

**Subdivision name(s) for the Association:** NORTHERN TERRACE AT PROVIDENCE UNIT 1, 2, 3, 4, 5, 6, 7, 8, 9

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

**Nevada Secretary of State (SOS) entity number:** E0823162006-3 **SOS original filing date:** 11 / 08 / 06

*(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 HOMEOWNERS ASSOCIATION

**Association's physical address:**

*(If no address list closest cross streets)*

7810 SILVER RUN PEAK

City: LAS VEGAS State: NV Zip: 89166

County the association is located in: CLARK

Association Telephone Number: (702) 531-3382

**Current Notification Address for Division Use:**

C/O CAMCO

Attn: VICTORIA FLETCHER

Address: PO BOX 400518

City: LAS VEGAS State: NV Zip: 89140

**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: 12

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)* 920

Max. (total) # of units declarant reserves right to annex as indicated in the Covenant, Conditions & Restrictions (CC&Rs): 920

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 / 19 / 24

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

Total annual budgeted assessments (combined assessment amounts for all units within the community): \$ 1,223,148.00

Total annual budgeted revenue (combined assessment amounts for all units, including interest, other income, etc.): \$ 1,223,148.00

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) 12 / 06 / 24

If not completed, explain: BOARD SIGNED 2023 AUDIT ENGAGEMENT LETTER ON 1/17/24

**For office use only**

Check No.: \_\_\_\_\_ Amount: \_\_\_\_\_ First Date Stamp: \_\_\_\_\_ ☐ Walk-in Accepted by: \_\_\_\_\_

Receipt No.: \_\_\_\_\_ Fiscal Year: \_\_\_\_\_ Date Processed: \_\_\_\_\_ Processed By: \_\_\_\_\_

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 / 20 / 19

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) 11 / 19 / 19

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) 12 / 19 / 19

Name of Reserve Study Specialist (or person, pursuant to NRS 116.31152(2)) who conducted study: MARI JO BETTERLY

Reserve Study Specialist Registration number or the title of the person: 025

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: \$ 2,508,992.20

Projected reserve account balance as of the end of the association's current fiscal year: \$ 1,544,716.32

Is there currently a Reserve Assessment in effect: ☐ Yes ☒ No

If yes, how long is the Reserve Assessment in effect: \_\_\_\_\_

**Board/Management/Declarant**

Current number of board members: 2

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	<input type="checkbox"/> Vice President <input checked="" type="checkbox"/> Director
Board Member's Name		AUDREY ROMERO	JAMES KLOSTY	
Physical address: Number & Street City / State / Zip Code				
Telephone Number		(702) 403-7478	(702) 635-7999	
E-mail Address				
	Director	Director	Director	<input type="checkbox"/> Hotel Unit Owner <input checked="" type="checkbox"/> Director
Board Member's Name				
Physical address: Number & Street City / State / Zip Code				
Telephone Number				
E-mail Address				
<i>Please use a separate sheet of paper for additional board members and attach to this form.</i>				
	Management Company and Manager's name	Custodian of Records	Attorney (if applicable)	Declarant
Business Name	CAMCO	CAMCO		MERITAGE HOMES OF NEVADA, INC
Contact Name	VICTORIA FLETCHER	JOEL JUST		UNKNOWN
Address: Number & Street City / State / Zip Code	PO BOX 400518 LAS VEGAS, NV 89140	4775 W TECO AVE ST 140 LAS VEGAS, NV 89118		
Telephone Number	(702) 531-3382	(702) 531-3382		
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 # 10211)

Authorized Name VICTORIA FLETCHER Authorized Signature  Date 12 / 18 / 24

**This form can only be submitted by hand delivery, mail or fax and will not be accepted by email.**