



NORTH CAROLINA REAL ESTATE COMMISSION
 P.O. Box 17100 Raleigh, N.C. 27619-7100
 Phone (919) 875-3700 • Email: ra@ncrec.gov
 Website: www.ncrec.gov

AFFIDAVIT OF NOTIFICATION OF CHANGE IN TIMESHARE PROGRAM BROKER, REGISTRAR, OR INDEPENDENT ESCROW AGENT

Instructions

1. This form must be properly executed by the Developer and accompanied by the appropriate Affidavit of Program Broker, Registrar, or Independent Escrow Agent.
2. Use only one form for each position being appointed (i.e., if a Developer proposes to designate a new Program Broker and a new Registrar, complete and file two forms - one for each position).

 Timeshare Program Name

 Timeshare Registration Number

 Program Address (Not P.O. Box or Address c/o Program)

 Program Email Address

 Program Telephone Number

The undersigned Developer, being duly sworn deposes and says: That he or she has read and understands the provisions of N.C.G.S. 93A-42, 45, and 58, making it unlawful to sell or offer to sell timeshares in this State without a Program Broker, a Registrar, and (in certain circumstances) an Independent Escrow Agent, and that in compliance therewith, the Developer hereby designates _____ as the above referenced Timeshare Program's _____ to fulfill the duties required of such position commencing on _____, 20 ____.

FURTHER AFFIANT SAYS NOT.

If the Developer is a **Sole Proprietor** or **Partnership**, this application must be signed by the **Sole Proprietor** or **General Partner** or the **Developer's Attorney**.

If the Developer is a **Corporation** or **LLC**, this application must be signed by **two Executive Officers** of the Corporation, **two Managers** of the LLC or the **Developer's Attorney**.

 Name (Please print or type)

 Title

 Name (Please print or type)

 Title

 Signature

Subscribed and Sworn to be fore me this _____ day of _____, 20 ____.
 Notary Public in the State of _____
 County of _____
 My Commission Expires _____

 Signature of Notary Public

(SEAL)

 Signature

Subscribed and Sworn to be fore me this _____ day of _____, 20 ____.
 Notary Public in the State of _____
 County of _____
 My Commission Expires _____

 Signature of Notary Public

(SEAL)