## **BIENNIAL NOTICE TO RENEW - EXCHANGE AGENT**

## **INSTRUCTIONS & INFORMATION**

Access this form via website at: cca.hawaii.gov/pvl

- 1. This form is to be used by an exchange agent for renewal of its time share exchange agent registration and is to be completed before December 31 of each odd-numbered year.
- This application will not be acted upon by the Director unless every statement in the application is completed and the application is submitted in the manner specified in Section 16-106-4.2(e), Hawaii Administrative Rules ("HAR"), Time Sharing, and Section 514E-9.5, Hawaii Revised Statutes ("HRS"). This includes, but is not limited to submitting materials under numbered index tabs in the exact order as follows:
  - A. Registration form.
  - B. Copy of program materials with information required in Section 514E-9.5(a), HRS.
    - (i) The manner in which the program is operated, the identity of the persons operating the program, and the affiliation between the persons operating the program and the developer;
    - (ii) Whether membership, participation, or both, in the program are voluntary or mandatory;
    - (iii) The costs or ranges of costs of membership and participation in the program as of a specified date, not more than one year before the disclosure statement is delivered to the purchaser, and the person to whom those costs are payable;
    - (iv) Whether and how any of the costs specified in paragraph (iii) may be altered, which costs are to be fixed on a case-by-case basis, and the manner in which they are to be fixed in each case;
    - (v) A description of the availability of time share units represented to be participating in the exchange program; and
    - (vi) The reservation and confirmation or other procedures to effectuate the exchange of occupancy rights.
  - C. Service of process.
  - D. Certificate of good standing.
  - E. Fee.
- 3. The Director will act upon this application within 60 days after receipt of a <u>complete</u> application.
- 4. Please attach payment of renewal fees in the amount specified in Section 16-53-40.3, HAR, Time Sharing, as follows:

Exchange Agent: \$ 190 Renewal <u>\$ 50 Compliance Resolution Fund</u> **\$240 Total** 

Make check payable to: "**DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS**". (check must be in U.S. dollars and be from a U.S. financial institution.)

The applicant's registration may be placed on <u>inactive status</u> upon submittal of the renewal form and payment of an inactive renewal fee of \$12 on or before December 31 of each odd-numbered year. Should the applicant wish to reactivate the registration during the biennium, applicant must submit all documents required for renewal, a reactivation fee of \$50, plus the \$240 biennial renewal fee.

- 5. Failure, neglect or refusal of the applicant to pay the above-prescribed fee and submit the documents specified in Section 16-106-4.2, HAR, shall constitute a forfeiture of the applicant's registration. Any registration which has been forfeited may be restored within 90 days upon written application and payment to the Department of the delinquent fees and a penalty fee of \$400; provided that the registration meets all of the requirements for renewal specified in Section 16-106-4.2(e), HAR. The applicant shall not engage in any time share activities in connection with the forfeited registration until the registration has been restored.
- 6. Mail or deliver all required items to: Time Share Program Dept. of Commerce & Consumer Affairs 335 Merchant Street, Room 329, P.O. Box 3469 Honolulu, HI 96801
- 7. Time share exchange agents should study and become familiar with HRS Chapters 436B and 514E, and HAR Chapters 53 and 106. These may be found on the Department's website at: <u>cca.hawaii.gov/pvl</u>.

APPLICATION FOR RENEWAL OF REGISTRATION OF TIME SHARE EXCHANGE AGENT	<b>REGISTRATION OF TIME SHARE</b>	OFFICE	Forfeited
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Name of applicant:							
Address:							
Status of registration:	○ active	○ inactive	Reg. No.:				
Applicant is:	() individual	○ corporation	C limited liability comp	bany			
	○ partnership	⊖ joint venture	C limited liability partn	ership			
Name of officers/partners/members/managers		I	<u>Title</u> <u>Addr</u>				
Responsible managing em	iployee:						
Name							
Mailing Address (include suite no., city, state and zip code)					Phone No.		
Applicant's Attorney:							
Name							
	Address:	Address:   Status of registration:   Applicant is:   individual   partnership   ame of officers/partners/members/managers   ame of officers/partners/members/managers   Responsible managing employee:	Address:   Status of registration:   active   individual   corporation   partnership   joint venture    ame of officers/partners/members/managers   ame of officers/partners/members/managers    Responsible managing employee:   Name    Mailing Address (include suite no., city, state and zip co	Applicant is: individual corporation limited liability comp	Address:   Status of registration:   active   individual   corporation   limited liability company   partnership   joint venture   limited liability partnership   Title   Address   Responsible managing employee:   Name   Mailing Address (include suite no., city, state and zip code)		

(CONTINUED ON PAGE 2)

Mailing Address (include suite no., city, state and zip code)

Renewal	627	\$190
CRF	621	\$50
Penalty	631	\$400

Phone No.

7.	7. Time share property (properties) or plans(s):								
	a.	Name:							
	b.	Location:							
	c.	Developer:							
		Mailing Address (include suite no., city, state and zip code)	Phone	No.					
	(At	tach separate sheet if necessary)							
8.	Pe	rson to receive service of process:							
		Name							
		Mailing Address (include suite no., city, state and zip code)	Phone No	).					
9.		e following questions apply to the applicant and/or its partners, officers, directors, members, managers, real oker (if applicable), and RME(s):							
	a.	Have you ever been convicted of a crime in any jurisdiction that has not been annulled or expunged?	⊖ YES	ONO					
	b.	Has any license ever been suspended, revoked or otherwise subject to disciplinary action?	⊖ YES	ONO					
	c.	Are there any disciplinary actions presently pending against you?	⊖ YES	ONO					
		r any "YES" response, provide information of the date, place, and type of conviction or disciplinary ion on a separate sheet.							
l ce	rtify	that the above information and statements are true and correct.							

Date: \_\_\_\_\_

Signature of Applicant

Date: \_\_\_\_\_

Print Name and Title

This material can be made available for individuals with special needs. Please call the Time Share Administrator at (808) 586-2709 to submit your request.