

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N47747 (3)**

1. Corporation Name

**SUMMERLIN CENTER ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

**310 JOHN RINGLING BLVD  
SUITE #4  
SARASOTA FL 34236  
US**

**310 JOHN RINGLING BLVD  
SUITE #4  
SARASOTA FL 34236  
US**

3. Date Incorporated or Qualified  
**03/06/1992**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

**21 5728 Major Blvd.**

**26 5728 Major Blvd.**

4. FEI Number  
**65-0319936**

Applied For  
Not Applicable

**22 Suite 309**

**27 Suite 309**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**23 Orlando, FL**

**28 Orlando, FL**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

**24 32819 25 Orange**

**29 32819 30 Orange**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MAXEY, WILLIAM T.  
310 JOHN RINGLING BLVD  
SUITE #4  
SARASOTA FL 34236**

**81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
5728 Major Blvd.  
83 Suite 309  
84 City Orlando FL 85 Zip Code 32819**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE *William T. Maxey* **William T. Maxey Secretary/Treasurer**

**4/22/96**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**TITLE PD**  
**NAME WALKER, STEPHEN P. III**  
**STREET ADDRESS 4650 COLUMBIA CENTER**  
**CITY-ST-ZIP SEATTLE WA**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

**TITLE VD**  
**NAME MARLING, HEIDI**  
**STREET ADDRESS 5728 MAJOR BLVD, STE 309**  
**CITY-ST-ZIP ORLANDO FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

**TITLE STD**  
**NAME MAXEY, WILLIAM T.**  
**STREET ADDRESS 310 JOHN RINGLING BLVD**  
**CITY-ST-ZIP SARASOTA FL**

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS **5728 Major Blvd., Suite 309**  
3.4 CITY-ST-ZIP **Orlando, FL 32819**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William T. Maxey* **William T. Maxey**

**4/22/96**

**407-351-1330**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)