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Feb 28 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N47747 (3)

1. Corporation Name

SUMMERLIN CENTER ASSOCIATION, INC.



Principal Place of Business

Mailing Address

5728 MAJOR BLVD
SUITE 309
ORLANDO FL 32819
US

5728 MAJOR BLVD
SUITE 309
ORLANDO FL 32819-7944
US

3. Date Incorporated or Qualified
03/06/1992

3a. Date of Last Report
04/25/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
65-0319936

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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.
5728 MAJOR BLVD SUITE 309
SUITE #4
ORLANDO FL 32819~~

he's no longer
w/ Heartland →

81 Name

SHARON NAGY

82 Street Address (P.O. Box Number is Not Acceptable)

5728 MAJOR BLVD., STE. 309

83

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

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

Sharon Nagy (SHARON NAGY)

Feb 4, 1997

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
PD	WALKER, STEPHEN P. III	4650 COLUMBIA CENTER	SEATTLE WA	<input checked="" type="checkbox"/>
VD	MARLING, HEIDI	5728 MAJOR BLVD, STE 309	ORLANDO FL, 32819	<input type="checkbox"/>
STD	MAXEY, WILLIAM T.	5728 MAJOR BLVD SUITE 309	ORLANDO FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
VD	Robert Phillips, Jr.	701 Fifth Ave., 4650 Columbia CTR.	Seattle, WA 98104	TD	SHARON NAGY	5728 MAJOR BLVD., STE 309	ORLANDO, FL 32819																
TOTALS 3 DIRECTORS																							

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0017486

CR2E037 (9/96)