


FILE NOW: FILING FEE IS \$61.25

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90128 028 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # N47747 | | | | | |
| 1. Corporation Name SUMMERLIN CENTER ASSOCIATION, INC. | | | | | |
| Principal Place of Business 5728 MAJOR BLVD SUITE 309 ORLANDO FL 32819 US | | | Mailing Address 5728 MAJOR BLVD SUITE 309 ORLANDO FL 32819 US | | |



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| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 | | 3. Date Incorporated or Qualified 03/06/1992 | |
| | | | | 4. FEI Number 65-0319936 | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| | | | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |

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|---|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent MARLING, HEIDI 5728 MAJOR BLVD SUITE 309 ORLANDO FL 32819 | | | | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code | | | |
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| 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. | | 4/28/99 | |
| SIGNATURE | | DATE | |

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|---|--|--|--|--|--|--|--|
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| 1.1 TITLE <input checked="" type="checkbox"/> DELETE | | | | 1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| NAME ROBERT PHILLIPS JR | | | | NAME STEPHEN P. WALKER III | | | |
| STREET ADDRESS 701 FIFTH AVE., 4652 COLUMBIA CTR | | | | STREET ADDRESS 701 FIFTH AVENUE, 4650 COLUMBIA CTR | | | |
| CITY-ST-ZIP SEATTLE WA | | | | CITY-ST-ZIP SEATTLE, WA 98104 | | | |
| 2.1 TITLE <input type="checkbox"/> DELETE | | | | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME MARLING, HEIDI | | | | NAME | | | |
| STREET ADDRESS 5728 MAJOR BLVD, STE 309 | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP ORLANDO FL | | | | CITY-ST-ZIP | | | |
| 3.1 TITLE <input type="checkbox"/> DELETE | | | | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME CHRISTIAN, KAREN | | | | NAME | | | |
| STREET ADDRESS 5728 MAJOR BLVD., STE 309 | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP ORLANDO FL 32819 | | | | CITY-ST-ZIP | | | |
| 4.1 TITLE <input type="checkbox"/> DELETE | | | | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| 5.1 TITLE <input type="checkbox"/> DELETE | | | | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| 6.1 TITLE <input type="checkbox"/> DELETE | | | | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |

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| 14. I 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, with all other like empowered. | |
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SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/99 407/351-8875

CR2E037 (11/98)