

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N47747

1. Entity Name
SUMMERLIN CENTER ASSOCIATION, INC.



Principal Place of Business

116 30TH AVE. S.
SUITE 309
NASHVILLE, TN 37212 US

Mailing Address

C/O L.F. EMERSON
116 30TH AVENUE S
NASHVILLE, TN 37212 US

DO NOT WRITE IN THIS SPACE



01302004 No Chg-NP

CR2E037 (10/03)

4. FEI Number
65-0319936

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOODYARD, TOM
7980 SUMMERLIN LAKES DRIVE STE. 201
FORT MYERS, FL 33907

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
EMERSON, L F
116 30TH AVENUE S
NASHVILLE, TN 37212

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
EMERSON, LUKE
116 30TH AVENUE S
NASHVILLE, TN 37212

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
SELLARS, KATHY
103 ASHLAWN
FRANKLIN, TN 37064

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000045985

02/11/04-80084-015 61.25

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *L.F. Emerson* — L.F. EMERSON

615 301 6224

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #