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Mar 03 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N28117 (2)

1. Corporation Name

SUNNIER PALMS MEMBERS' LODGE, INC.

Principal Place of Business

Mailing Address

6800 OKEECHOBEE RD.  
FT. PIERCE FL 349456800 OKEECHOBEE RD.  
FT. PIERCE FL 34945-23693. Date Incorporated or Qualified  
08/30/19883a. Date of Last Report  
02/14/1996

4. FEI Number

65-0085597

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WELLS, HERBERT  
8800 OKEECHOBEE RD, LOT 13  
FT PIERCE FL 34945

81 Name

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

83

84 City

FL

85 Zip Code

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE  
NAME KERN, ARTHUR  
STREET ADDRESS 88 OKEECHOBEE RD  
CITY-ST-ZIP FORT PIERCE FL1.1 TITLE PD ☐ Change ☒ Addition  
1.2 NAME Charles Fuiks  
1.3 STREET ADDRESS 8800 Okeechobee Rd #  
1.4 CITY-ST-ZIP Ft. Pierce, FLTITLE VD ☒ DELETE  
NAME DEE, JOEL  
STREET ADDRESS 3265 PADARRO LANE  
CITY-ST-ZIP CARPINTERIA CA2.1 TITLE VD ☐ Change ☒ Addition  
2.2 NAME Herb Wells  
2.3 STREET ADDRESS 8800 Okeechobee Rd #13  
2.4 CITY-ST-ZIP Ft. Pierce, FLTITLE TD ☒ DELETE  
NAME PERKINS, CHARLES  
STREET ADDRESS 50 GLENDALE RD  
CITY-ST-ZIP OSSINING NY3.1 TITLE TD ☐ Change ☒ Addition  
3.2 NAME Joan Kincaid  
3.3 STREET ADDRESS 2248 Discovery Cir W  
3.4 CITY-ST-ZIP Deerfield Beach, FLTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 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 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:

Joan Kincaid  
DATE 2-24-97  
DAYTIME PHONE 954-409-1865

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0072338

CP2E037 (9/96)