

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N28117

FILED
Apr 29, 2002 8:00 AM
Secretary of State

Entity Name: SUNNIER PALMS MEMBERS' LODGE, INC.

Current Principal Place of Business:

8800 OKEECHOBEE RD.
FT. PIERCE, FL 34945

New Principal Place of Business:

Current Mailing Address:

8800 OKEECHOBEE RD.
FT. PIERCE, FL 34945

New Mailing Address:

FEI Number: 65-0085597

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

WELLS, HERBERT
8800 OKEECHOBEE RD, LOT 12
FT PIERCE, FL 34945 US

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.

SIGNATURE: HERBERT WELLS

04/29/2002

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: DEJONG, MAYNARD
Address: 8800 OHEECHOBEE RD. LOT 33
City-St-Zip: FT PIERCE, FL 34945

Title: STD () Delete
Name: WELLS, HERBERT
Address: 8800 OKEECHOBEE RD. LOT 13
City-St-Zip: FT. PIERCE, FL 34945

Title: PD () Delete
Name: CROUTHERS, WILLIAM E
Address: 8800 OKEECHOBEE RD LOT 22
City-St-Zip: FORT PIERCE, FL 34945

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: SHANKS, CATHERINE A
Address: 8800 OKEECHOBEE RD. LOT 23
City-St-Zip: FT. PIERCE, FL 34945

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHERINE A. SHANKS

STD

04/29/2002

Electronic Signature of Signing Officer or Director

Date