

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90038 030 ****61.25

DOCUMENT # N28117

1. Entity Name

SUNNIER PALMS MEMBERS' LODGE, INC.



Principal Place of Business

Mailing Address

8800 OKEECHOBEE RD.
FT. PIERCE FL 34945

8800 OKEECHOBEE RD.
FT. PIERCE FL 34945

2. Principal Place of Business - No P.O. Box #

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0085597

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

~~MARTINO, DEANA M VD~~
8800 OKEECHOBEE RD, LOT 27
FT PIERCE FL 34945

7. Name and Address of New Registered Agent

Name **Judith Lamport**

Street Address (P.O. Box Number is Not Acceptable)
8800 Okeechobee Rd #7

City **Fort Pierce** **FL** Zip Code **34945**

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

Judith Lamport, Treasurer

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

(NOTE: Registered Agent signature required when re-registering)

Mar. 7, 2007

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **VD** ☒ Delete
NAME **DEANA, MARTINO**
STREET ADDRESS **8800 OKEECHOBEE RD., #27**
CITY-STATE-ZIP **FT PIERCE FL 34945**

TITLE **TD** ☒ Delete
NAME **PRINCE, RICHARD A**
STREET ADDRESS **8800 OKEECHOBEE RD. LOT 26**
CITY-STATE-ZIP **FT. PIERCE FL 34945**

TITLE **PD** ☐ Delete
NAME **ROTHACKER, PATRICIA M**
STREET ADDRESS **8800 OKEECHOBEE RD LOT 38**
CITY-STATE-ZIP **FORT PIERCE FL 34945**

TITLE **D** ☐ Delete
NAME **CROUTHERS, BUD**
STREET ADDRESS **8800 OKEECHOBEE RD. LOT22**
CITY-STATE-ZIP **FORT PIERCE FL 34945**

TITLE **D** ☒ Delete
NAME **LAMPORT, JOHN**
STREET ADDRESS **8800 OKEECHOBEE RD., #7**
CITY-STATE-ZIP **FORT PIERCE FL 34945**

TITLE **D** ☒ Delete
NAME **PRIEST, ELIZABETH**
STREET ADDRESS **8800 OKEECHOBEE RD., #48**
CITY-STATE-ZIP **FORT PIERCE FL 34945**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP** ☒ Change ☒ Addition
NAME **TED HERRSCHAFT**
STREET ADDRESS **8800 Okeechobee Rd, Lot #16**
CITY-STATE-ZIP **Fort Pierce, FL 34945**

TITLE **TREAS.** ☒ Change ☒ Addition
NAME **Judith Lamport**
STREET ADDRESS **8800 Okeechobee Rd, Lot #7**
CITY-STATE-ZIP **Fort Pierce, FL 34945**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Judith Lamport* **Judith Lamport**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 20, 2007 772-461-7861

Date

Daytime Phone #