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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N28117

1. Corporation Name

SUNNIER PALMS MEMBERS' LODGE, INC.

Principal Place of Business

**8800 OKEECHOBEE RD.
FT. PIERCE FL 34945**

Mailing Address

**8800 OKEECHOBEE RD.
FT. PIERCE FL 34945**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

08/30/1988

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0085597

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

— SAME —

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 ☒ DELETE
NAME **PD**
STREET ADDRESS **FULKS, CHARLES**
CITY-ST-ZIP **8800 OKEECHOBEE RD
FT PIERCE FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

PRESIDENT PD ☒ Change ☒ Addition
TED HERRSCH AFT
8800 OKEECHOBEE RD LOT 16
FT PIERCE FLA 34945

TITLE ☒ DELETE
NAME **VD**
STREET ADDRESS **WELLS, HERB**
CITY-ST-ZIP **8800 OKEECHOBEE RD #13
FT PIERCE FL**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

VICE PRESIDENT VD ☒ Change ☒ Addition
MAYNARD DETONG
8800 OKEECHOBEE RD LOT 33
FORT PIERCE FLA 34945

TITLE ☒ DELETE
NAME **TD**
STREET ADDRESS **KINCAID, JOAN**
CITY-ST-ZIP **8800 OKEECHOBEE RD. #25
FT. PIERCE FL 34945**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TREASURER TD ☒ Change ☒ Addition
HERBERT WELLS
8800 OKEECHOBEE RD LOT 13
FORT PIERCE FLA 34945

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HERBERT WELLS TD
25 JAN 99
468-8512

Date

Daytime Phone #

CR2E037 (11/98)