2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28117

FILED Apr 12, 2004 Secretary of State

Entity Name: SUNNIER PALMS MEMBERS' LODGE, INC.

Current Principal Place of Business: New Principal Place of Business: 8800 OKEECHOBEE RD. FT. PIERCE, FL 34945 **Current Mailing Address: New Mailing Address:** 8800 OKEECHOBEE RD. FT. PIERCE, FL 34945 FEI Number: 65-0085597 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WELLS, HERBERT 8800 OKEECHOBEE RD, LOT 12 FT PIERCE, FL 34945 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition WELLS, HERBERT DEJONG, MAYNARD Name: Name: 8800 OKEECHOBEE RD., #12 Address: 8800 OKEECHOBEE RD., #33 Address: City-St-Zip: FT PIERCE, FL 34945 City-St-Zip: FT PIERCE, FL 34945 Title: () Delete Title: () Change () Addition SHANKS, CATHERINE A Name: Name: Address: 8800 OKEECHOBEE RD. LOT 23 Address: City-St-Zip: FT. PIERCE, FL 34945 City-St-Zip: Title: () Delete Title: (X) Change () Addition HAWKESWORTH, RICHARD E CROUTHERS, WILLIAM E Name: Name: 8800 OKEECHOBEE RD LOT 22 Address: Address: 8800 OKEECHOBEE RD LOT 29 City-St-Zip: FORT PIERCE, FL 34945 City-St-Zip: FORT PIERCE, FL 34945 Title: () Delete Title: () Change () Addition Name: PODRAZA, MARK Name: 8800 OKEECHOBEE RD., #19 Address: Address: City-St-Zip: FORT PIERCE, FL 34945 City-St-Zip: Title: () Delete Title: (X) Change () Addition GUILLIAMS, DAVID LAMPORT, JOHN Name: Name: 8800 OKEECHOBEE RD., #18 8800 OKEECHOBEE RD., #7 Address: Address: City-St-Zip: FORT PIERCE, FL 34945 City-St-Zip: FORT PIERCE, FL 34945 Title: () Delete Title: () Change () Addition CRONIN, MARCIA Name: Name: Address: 8800 OKEECHOBEE RD., #37 Address: FORT PIERCE, FL 34945 City-St-Zip: 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 04/12/2004

DAVID GUILLIAMS, DIRECTOR 8800 OKEECHOBEE ROAD #18 FORT PIERCE, FL 34945