

# 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

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- 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 #