


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90032 047 ****61.25

DOCUMENT # N28117 1. Entity 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 - No P.O. Box # Same as above			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0085597	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LOMPORT, JUDITH 8800 OKEECHOBEE RD #7 FT PIERCE, FL 34945				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	VP HERRSCHAFT, TED 8800 OKEECHOBEE RD, LOT #16 FORT PIERCE, FL 34945	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT FRANK CARLOS 8800 Okeechobee Rd Fort Pierce, FL 34945
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LOMPORT, JUDITH 8800 OKEECHOBEE RD, LOT #7 FORT PIERCE, FL 34945	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director CAROLE NORSEN 8800 Okeechobee Rd Fort Pierce, FL 34945
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROTHACKER, PATRICIA M 8800 OKEECHOBEE RD LOT 38 FORT PIERCE, FL 34945	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director: Thomas Cole 3040 Orlander Ave. Fort Pierce, FL 34945
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROUTERS, BUD 8800 OKEECHOBEE RD. LOT22 FORT PIERCE, FL 34945	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 Lomport, Treasurer Judith Lomport					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date May 10, 2008 Daytime Phone # 468 8512					

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01202008 Chg-NP CR2E037 (12/06)

\$8.75 Additional Fee Required

FL

Zip Code

172