2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28117

Name:

Address:

City-St-Zip:

FILED Feb 19, 2009 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: LOMPORT, JUDITH BEAULIEU, GUILDO 8800 OKEÉCHOBEE RD 8800 OKEÉCHOBEE RD #44 FT PIERCE, FL 34945 US FT PIERCE, FL 34945 US 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: GUILDO BEAULIEU 02/19/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition HERRSCHAFT, TED CARLOS, FRANK Name: Name: 8800 OKEECHOBEE RD, LOT #16 Address: 8800 OKEECHOBEE RD, LOT #28 Address: City-St-Zip: FORT PIERCE, FL 34945 City-St-Zip: FORT PIERCE, FL 34945 Title: Title: (X) Change () Addition () Delete LOMPORT, JUDUTH Name: Name: ROTHACKER, ARTHUT Address: 8800 OKEECHOBEE RD. LOT #7 Address: 8800 OKEECHOBEE RD. LOT #38 City-St-Zip: FORT PIERCE, FL 34945 City-St-Zip: FORT PIERCE, FL 34945 Title: () Delete Title: () Change () Addition THOMAS, COLE Name: Name: 3040 ORLEANDER AVE Address: Address: City-St-Zip: FORT PIERCE, FL 34945 City-St-Zip: Title: () Delete Title: () Change (X) Addition Name: Name: BEAULIEU, GUILDO 8800 OKEECHOBEE RD #44 Address: Address: City-St-Zip: City-St-Zip: FORT PIERCE, FL 34945 Title: () Delete Title: () Change (X) Addition STREET, RICHARD Name: Name: 8800 OKEECHOBEE RD #48 Address: Address: City-St-Zip: City-St-Zip: FORT PIERCE, FL 34945 Title: () Delete Title: () Change (X) Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Name:

Address:

City-St-Zip:

STEWART, WAYNE S

8800 OKEECHOBEE RD #1 FORT PIERCE, FL 34945

SIGNATURE: GUILDO BEAULIEU T 02/19/2009