

2023 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 429934

Entity Name: ROCHESTER RESORTS, INC.

Current Principal Place of Business:

15951 CAPTIVA ROAD
CAPTIVA ISLAND, FL 33924

Current Mailing Address:

PO BOX 249
CAPTIVA, FL 33924 US

FEI Number: 59-1475093

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

EBELINI, MARK A ESQ.
1625 HENDRY STREET
SUITE 301
FORT MYERS, FL 33901 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: MARK A. EBELINI, ESQ.

05/02/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN, DIRECTOR
Name LAPI, ANTONINO R
Address 4341 WEST GULF DRIVE
City-State-Zip: SANIBEL FL 33957

Title EX-OFFICIO BOARD MEMBER
Name BABCOCK, LILLIAN
Address 30 TROWBRIDGE TRAIL
City-State-Zip: PITTSFORD NY 14534

Title DIRECTOR, VP
Name CALVERT, GEORGE
Address 2985 RENNELS ROAD
City-State-Zip: SPRING LAKE MI 49456

Title TREASURER, DIRECTOR
Name BRYAN, RICHARD G JR.
Address 6280 DAKOTA RIDGE DRIVE
City-State-Zip: LITTLETON CO 80125

Title DIRECTOR
Name KELLEHER, J. MARGAUX
Address 409 ECHO SPUR
P.O. BOX 3387
City-State-Zip: PARK CITY UT 84060

Title EX-OFFICIO BOARD MEMBER
Name MCLANE, JANET B.
Address 8 WINDHAM CIRCLE
City-State-Zip: MENDON NY 14506

Title PRESIDENT, DIRECTOR
Name BABCOCK, DOUG
Address 2512 WULFERT ROAD
City-State-Zip: SANIBEL FL 33957

Title CORPORATE SECRETARY
Name AFFOURTIT, RENE
Address 5240 INDIAN COURT
City-State-Zip: SANIBEL FL 33957

Continues on page 2

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANTONINO R. LAPI

CHAIRMAN

05/02/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name FOUCHE, ED
Address 6234 BLAKEFORD DRIVE
City-State-Zip: WINDEMERE FL 34786

Title DIRECTOR
Name PATEL, DILLON
Address P.O. BOX 1393
City-State-Zip: TYBEE ISLAND GA 31328