

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N36562** (9)

1. Corporation Name
SUN TERRACE AT THE LAKES HOWEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
% CHARLES H. HATHAWAY 4500 PGA BLVD PALM BEACH GARDENS FL 33418
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3. Date Incorporated or Qualified **02/12/1990** 3a. Date of Last Report **02/02/1995**

2. Principal Place of Business 2a. Mailing Address
21 **1210 NW Sun Terrace Cir** 26 **1210 NW Sun Terrace Cir**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **Port St. Lucie, FL** 28 **Port St. Lucie, FL**
Zip Country Zip Country
24 **34986** 25 **USA** 29 **34986** 30 **USA**

4. FEI Number **59-1072403** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**HATHAWAY, CHARLES H.
4500 PGA BLVD
PALM BEACH GARDENS FL 33418**

10. Name and Address of New Registered Agent
81 Name **Harold Marcus**
82 Street Address (P.O. Box Number is Not Acceptable) **1258A NW Sun Terrace Circle**
83
84 City **Port St. Lucie** FL 85 Zip Code **34986**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Harold Marcus* **Harold Marcus** **2/12/96**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HATHAWAY, CHARLES H.	
STREET ADDRESS	4500 PGA BLVD	
CITY-ST-ZIP	PALM BCH GRDNS FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MARCUS, HAROLD	
STREET ADDRESS	1258A NW SUN TERRACE CIRCLE	
CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	SHANNON, WILLIAM E.	
STREET ADDRESS	4500 PGA BLVD	
CITY-ST-ZIP	PALM BCH GRDNS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Harold Marcus	
13 STREET ADDRESS	1258A NW Sun Terrace Circle	
14 CITY-ST-ZIP	Port St. Lucie, FL 34986	
21 TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Eleanor F. Kennedy	
23 STREET ADDRESS	1259D NW Sun Terrace Circle	
24 CITY-ST-ZIP	Port St. Lucie, FL 34986	
31 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Marc Weisbrot	
33 STREET ADDRESS	1260A NW Sun Terrace Circle	
34 CITY-ST-ZIP	Port St. Lucie, FL 34986	
41 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Sandy Croghan	
43 STREET ADDRESS	1223B NW Sun Terrace Circle	
44 CITY-ST-ZIP	Port St. Lucie, FL 34986	
51 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	James Jordan	
53 STREET ADDRESS	1212A NW Sun Terrace Circle	
54 CITY-ST-ZIP	Port St. Lucie, FL 34986	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Marc Weisbrot* **Marc Weisbrot** **407 283 2356**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)