

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90040 014 ****61.25

0091039

DOCUMENT # N36562

1. Entity Name

SUN TERRACE AT THE LAKES HOWEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**1210 NW SUN TERRACE CIRCLE
 PORT ST. LUCIE FL 34986
 US**

**1210 NW SUN TERRACE CIRCLE
 PORT ST. LUCIE FL 34986
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0172403

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOOGE, HOWARD E JR.
 401 E. OSCEOLA STREET
 STUART FL 34994**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	CONTI, CARLO	
STREET ADDRESS	1255A NW SUN TERR CIRCLE	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34986	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	NICKEL, RONALD	
STREET ADDRESS	1208D NW SUN TERRACE CIR.	
CITY-ST-ZIP	ST. LUCIE WEST FL 34986	
TITLE	S	<input type="checkbox"/> Delete
NAME	FRINGO, BARBARA	
STREET ADDRESS	1208B NW SUN TERR CIRCLE	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34986	
TITLE	TD	<input type="checkbox"/> Delete
NAME	EPSTEIN, BEVERLY	
STREET ADDRESS	1222D NW SUN TERRACE CIR.	
CITY-ST-ZIP	ST. LUCIE WEST FL 34986	
TITLE	P	<input type="checkbox"/> Delete
NAME	PHILLIPS, THOMAS	
STREET ADDRESS	1252A NW SUN TERRACE CIRCLE	
CITY-ST-ZIP	ST. LUCIE WEST FL 34986	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Beverly S. Fringo Treasurer

2/22/2002

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)