
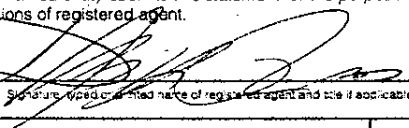



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90019 038 ****61.25

DOCUMENT # N36562					
1. Entity Name SUN TERRACE AT THE LAKES HOWEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1210 NW SUN TERRACE CIRCLE PORT ST. LUCIE, FL 34986 US			Mailing Address 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		4. FEI Number 65-0172403	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 <u>Deborah H Ross</u>		
			Street Address (P.O. Box Number is Not Acceptable) <u>Suite 212</u>		
			City <u>759 S. Federal Highway</u> <u>STUART</u>		
			Zip Code <u>FL 34994</u>		
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 		SIGNATURE <u>Deborah L Ross</u>		DATE <u>2/27/04</u>	
Filing Fee is \$61.25 Due by May 1, 2004		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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CONTI, CARLO		NAME		
STREET ADDRESS	1255A NW SUN TERR CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34986		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NICKEL, RONALD		NAME		
STREET ADDRESS	1208D NW SUN TERRACE CIR.		STREET ADDRESS		
CITY-ST-ZIP	ST. LUCIE WEST, FL 34986		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DOMINISSINI, ALDA		NAME		
STREET ADDRESS	12388 NW SUN TERRACE CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34986		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	EPSTEIN, BEVERLY		NAME		
STREET ADDRESS	1222D NW SUN TERRACE CIR.		STREET ADDRESS		
CITY-ST-ZIP	ST. LUCIE WEST, FL 34986		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PHILLIPS, THOMAS		NAME		
STREET ADDRESS	1252A NW SUN TERRACE CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	ST. LUCIE WEST, FL 34986		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 		SIGNATURE <u>Beverly S. Epstein</u>		DATE <u>2/26/04</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # <u>772/878-5998</u>	

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01052004 Chg-NP CR2E037 (10/03)

4. FEI Number 65-0172403 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

SIGNATURE:  SIGNATURE Beverly S. Epstein DATE 2/26/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 772/878-5998