


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90034 011 ****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 | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-0172403 | |
| | | | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | 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 | | |
| ROSS, DEBORAH H 759 S. FEDERAL HWY STE 212 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 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 checked="" 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 checked="" 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: <u>Beverly S. Epstein</u> <u>Beverly S. Epstein</u> <u>3/8/05</u> <u>772-891-9091</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |