

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36562

FILED  
Mar 28, 2011  
Secretary of State

**Entity Name:** SUN TERRACE AT THE LAKES HOWEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 65-0172403

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROSS, DEBORAH  
759 S. FEDERAL HWY STE 212  
STUART, FL 34994 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: T  
Name: BISCEGLIA, JOSEPH  
Address: 1210 NW SUN TERRACE CIR  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: P  
Name: ALTWEIN, CHARLES  
Address: 1210 NW SUN TERRACE CIR.  
City-St-Zip: ST. LUCIE WEST, FL 34986

Title: VP  
Name: BURNS, NORM  
Address: 1210 NW SUN TERRACE CIR  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: D  
Name: MOCUTA, VIOREL  
Address: 1210 NW SUN TERRACE CIRCLE  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: S  
Name: NICKEL, RON  
Address: 1210 NW SUN TERRACE CIRCLE  
City-St-Zip: PORT SAINT LUCIE, FL 34986

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

SIGNATURE: JOSEPH BISCEGLIA

TREA

03/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date