2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36562

Entity Name: SUN TERRACE AT THE LAKES HOWEOWNERS ASSOCIATION,

INC.

FILED Apr 29, 2019 **Secretary of State** 6724000553CC

Current Principal Place of Business:

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

Current Mailing Address:

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

FEI Number: 65-0172403 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROSS EARLE & BONAN, P.A. 789 S. FEDERAL HWY STE 101 STUART, FL 34994 US

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

Officer/Director Detail:

Title Title **SECRETARY**

Name THOMAS, MARIELLEN Name THOMAS, MARIELLEN

Address 1210 NW SUN TERRACE CIRCLE Address 1210 NW SUN TERRACE CIRCLE City-State-Zip: PORT ST. LUCIE FL 34986 City-State-Zip: PORT ST. LUCIE FL 34986

Title **DIRECTOR** Title **PRESIDENT**

Name LIVELY, VINCENT Name JENKINS, KATHLEEN

Address 1210 NW SUN TERRACE CIRCLE Address 1210 NW SUN TERRACE CIRCLE

City-State-Zip: PORT ST. LUCIE FL 34986 City-State-Zip: PORT ST. LUCIE FL 34986

Title **DIRECTOR** Title **TREASURER** Name SMURL, TERI Name BISCEGLIA, JOSEPH

Address 1210 NW SUN TERRACE CIRCLE 1210 NW SUN TERRACE CIRCLE Address

City-State-Zip: PORT ST. LUCIE FL 34986 PORT ST. LUCIE FL 34986 City-State-Zip:

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: VINCENT LIVELY **PRESIDENT**