

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N36562

**FILED**  
**Feb 21, 2017**  
**Secretary of State**  
**CC5444028866**

**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

**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 D  
Name HALUPA, BILL  
Address 1210 NW SUN TERRACE CIR  
City-State-Zip: PORT SAINT LUCIE FL 34986

Title S  
Name THOMAS, MARIELLEN  
Address 1210 NW SUN TERRACE CIR.  
City-State-Zip: ST. LUCIE WEST FL 34986

Title P  
Name CARABIA, M. ANN  
Address 1210 NW SUN TERRACE CIR  
City-State-Zip: PORT SAINT LUCIE FL 34986

Title VP  
Name LIVELY, VINCENT  
Address 1210 NW SUN TERRACE CIRCLE  
City-State-Zip: PORT SAINT LUCIE FL 34986

Title T  
Name DELMONTE, TONY  
Address 1210 NW SUN TERRACE CIRCLE  
City-State-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:** M. ANN CARABIA

**PRESIDENT**

**02/21/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date