## 2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36562

Entity Name: SUN TERRACE AT THE LAKES HOWEOWNERS ASSOCIATION,

INC.

**FILED** Mar 20, 2020 **Secretary of State** 7152759248CC

## **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:

Electronic Signature of 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:

Officer/Director Detail:

Title SECRETARY, 2ND VP Title **PRESIDENT** 

LIVELY, VINCENT Name MASA, JUDITH A Name

1200 NW SUN TERRACE CIRCLE 1256 NW SUN TERRACE CIRCLE Address Address

> **UNIT C UNIT B**

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

Title 1ST VP Title **TREASURER** 

Name THOMAS, MARIELLEN Name BISCEGLIA, JOSEPH

Address 1204 NW SUN TERRACE CIRCLE Address 1210 NW SUN TERRACE CIRCLE

UNIT A

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

Title 3RD VP

Name NEUMANN, MICHAEL

SIGNATURE: JUDITH A. MASA

1244 NW SUN TERRACE CIRCLE Address

**UNIT B** 

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.

Electronic Signature of Signing Officer/Director Detail

SECRETARY, 2ND VP

03/20/2020

Date