

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 13, 2008 8:00 am
Secretary of State

04-24-2008 90098 021 ****61.25

DOCUMENT # N04000004229					
1. Entity Name SUTTON TERRACE CORPORATION					
Principal Place of Business C/O BEACON PROPERTY MGMT. 500 NE SPANISH RIVER BLVD., SUITE 18 BOCA RATON, FL 33431			Mailing Address C/O BEACON PROPERTY MGMT. 500 NE SPANISH RIVER BLVD., SUITE 18 BOCA RATON, FL 33431		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1002683	
Zip		Country		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		
WILLIS, ERNEST W C/O BEACON PROPERTY MGMT. INC. 500 NE SPANISH RIVER BLVD., SUITE 18 BOCA RATON, FL 33431			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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 PD NAME SCHAUFFERT, RICHARD STREET ADDRESS 1745 NE 49TH STREET, #210 CITY-ST-ZIP FORT LAUDERDALE, FL	<input type="checkbox"/> Delete		TITLE D NAME FAVELLI EILEEN STREET ADDRESS 1705 NE 49 ST 3-111 CITY-ST-ZIP FT LAUDERDALE FL 33334	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME ORI, NORMA STREET ADDRESS 1745 NE 49TH STREET, #211 CITY-ST-ZIP FORT LAUDERDALE, FL	<input type="checkbox"/> Delete		TITLE VP NAME ORI NORMA STREET ADDRESS 1745 NE 49 ST #211 CITY-ST-ZIP FT LAUDERDALE FL 33334	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME RONCHETTO, BUD STREET ADDRESS 1745 NE 49TH STREET, #1-106 CITY-ST-ZIP FORT LAUDERDALE, FL	<input checked="" type="checkbox"/> Delete		TITLE D NAME GRECO EUGENE STREET ADDRESS 1725 NE 49 ST 207 CITY-ST-ZIP FT LAUDERDALE FL 33334	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE TD NAME BERTOIA, RICHARD STREET ADDRESS 1705 NE 49TH STREET, #204 CITY-ST-ZIP FORT LAUDERDALE, FL	<input type="checkbox"/> Delete		TITLE D NAME LOACKER AMERIGA STREET ADDRESS 1725 NE 49 ST #2-103 CITY-ST-ZIP FT LAUDERDALE FL 33334	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME GREW, EUGENE STREET ADDRESS 2987 PRISCILLA CITY-ST-ZIP HIGHLAND PARK, IL 60035	<input checked="" type="checkbox"/> Delete		TITLE D NAME PIEROTTI CONNIE STREET ADDRESS 1725 NE 49 ST 2-110 CITY-ST-ZIP FT LAUDERDALE FL 33334	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE SD NAME FOLI, JOHN STREET ADDRESS 1725 NE 49TH STREET, #210 CITY-ST-ZIP FORT LAUDERDALE, FL 33334	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>R. Schaffert</u> 3/27/08					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					