## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000004229

Entity Name: SUTTON TERRACE CORPORATION

FILED Feb 09, 2011 Secretary of State

**New Principal Place of Business:** 

**Current Principal Place of Business:** 

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C/O BEACON PROPERTY MGMT. C/O MGMT. CO. OF BOCA, LLC 500 NE SPANISH RIVER BLVD., SUITE 18 500 NE SPANISH RIVER BLVD., SUITE 18

BOCA RATON, FL 33431 BOCA RATON, FL 33431

Current Mailing Address: New Mailing Address:

C/O BEACON PROPERTY MGMT.

500 NE SPANISH RIVER BLVD., SUITE 18

C/O MGMT. CO. OF BOCA, LLC

500 NE SPANISH RIVER BLVD., SUITE 18

BOCA RATON, FL 33431 BOCA RATON, FL 33431

FEI Number: 59-1002683 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

WILLIS, ERNEST W WILLIS, ERNEST W

C/O BEACON PROPERTY MGMT. INC.
500 NE SPANISH RIVER BLVD., SUITE 18

C/O MGMT. CO. OF BOCA, LLC
500 NE SPANISH RIVER BLVD., SUITE 18

BOCA RATON, FL 33431 US BOCA RATON, FL 33431 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: 02/09/2011

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: PD

Name: PIEROTTI, CONNIE

Address: 500 NE SPANISH RIVER BLVD., SUITE 18

City-St-Zip: BOCA RATON, FL 33431

Title: VD

Name: LOACKER, AMERIGA

Address: 500 NE SPANISH RIVER BLVD., SUITE 18

City-St-Zip: BOCA RATON, FL 33431

Title: TD

Name: CROVETTI, EUGENE

Address: 500 NE SPANISH RIVER BLVD., SUITE 18

City-St-Zip: BOCA RATON, FL 33431

Title: SD

Name: FOLI, JOHN

Address: 500 NE SPANISH RIVER BLVD., SUITE 18

City-St-Zip: BOCA RATON, FL 33431

Title:

Name: FAVILLI, EILEEN

Address: 500 NE SPANISH RIVER BLVD., SUITE 18

City-St-Zip: BOCA RATON, FL 33431

Title: D

Name: GRECO, EUGENE

Address: 500 NE SPANISH RIVER BLVD., SUITE 18

City-St-Zip: BOCA RATON, IL 33431

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: CONNIE PIEROTTI PD 02/09/2011