

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004229

FILED  
Apr 25, 2012  
Secretary of State

Entity Name: SUTTON TERRACE CORPORATION

## Current Principal Place of Business:

C/O MGMT. CO. OF BOCA, LLC  
500 NE SPANISH RIVER BLVD., SUITE 18  
BOCA RATON, FL 33431

## New Principal Place of Business:

4800 N STATE ROAD SEVEN  
SUITE 105  
LAUDERDALE LAKES, FL 33319

## Current Mailing Address:

C/O MGMT. CO. OF BOCA, LLC  
500 NE SPANISH RIVER BLVD., SUITE 18  
BOCA RATON, FL 33431

## New Mailing Address:

4800 N STATE ROAD SEVEN  
SUITE 105  
LAUDERDALE LAKES, FL 33319

FEI Number: 59-1002683

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILLIS, ERNEST W  
C/O MGMT. CO. OF BOCA, LLC  
500 NE SPANISH RIVER BLVD., SUITE 18  
BOCA RATON, FL 33431 US

## Name and Address of New Registered Agent:

PHOENIX MANAGEMENT SERVICES, INC.  
4800 N. STATE ROAD SEVEN  
SUITE #105  
LAUDERDALE LAKES, FL 33319 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: SHELDON GOLDBERG

04/25/2012

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD  
Name: PIEROTTI, CONNIE  
Address: 4800 N STATE ROAD SEVEN, SUITE #105  
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: VPD  
Name: LOACKER, AMERIGA  
Address: 4800 N. STATE ROAD SEVEN, SUITE #105  
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: TD  
Name: CROVETTI, EUGENE  
Address: 4800 N. STATE ROAD SEVEN, SUITE #105  
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: SD  
Name: FOLI, JOHN  
Address: 4800 N. STATE ROAD SEVEN, SUITE 105  
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: D  
Name: FAVILLI, EILEEN  
Address: 4800 N. STATE ROAD SEVEN, SUITE 105  
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: D  
Name: GRECO, EUGENE  
Address: 4800 N. STATE ROAD SEVEN, SUITE #105  
City-St-Zip: LAUDERDALE LAKES, FL 33319

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

04/25/2012

Electronic Signature of Signing Officer or Director

Date