

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 8:00 am
Secretary of State

01-31-2006 90013 048 ****61.25

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01132006 Chg-NP CR2E037 (11/05)

DOCUMENT # N36562 1. Entity Name SUN TERRACE AT THE LAKES HOWEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1210 NW SUN TERRACE CIRCLE PORT ST. LUCIE, FL 34986 US			Mailing Address 1210 NW SUN TERRACE CIRCLE PORT ST. LUCIE, FL 34986 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0172403	
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		
ROSS, DEBORA H 759 S. FEDERAL HWY STE 212 STUART, FL 34994			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CONTI, CARLO		NAME		
STREET ADDRESS	1255A NW SUN TERR CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34986		CITY-ST-ZIP		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NICKEL, RONALD		NAME		
STREET ADDRESS	1208D NW SUN TERRACE CIR.		STREET ADDRESS		
CITY-ST-ZIP	ST. LUCIE WEST, FL 34986		CITY-ST-ZIP		
TITLE	S <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DOMINISSINI, ALDA		NAME	DIANA EMBRY	
STREET ADDRESS	12388 NW SUN TERRACE CIRCLE		STREET ADDRESS	1215A NW SUN TERR CIRCLE	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34986		CITY-ST-ZIP	PORT ST. LUCIE FL. 34986	
TITLE	TD <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	EPSTEIN, BEVERLY		NAME	DOUG MALLOCH	
STREET ADDRESS	1222D NW SUN TERRACE CIR.		STREET ADDRESS	1223D NW SUN TERR. CIRCLE	
CITY-ST-ZIP	ST. LUCIE WEST, FL 34986		CITY-ST-ZIP	PORT ST. LUCIE, FL. 34986	
TITLE	VP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PHILLIPS, THOMAS		NAME		
STREET ADDRESS	1252A NW SUN TERRACE CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	ST. LUCIE WEST, FL 34986		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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>Ronald G. Nickel</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1-26-06 772-879-3793 <small>Date Daytime Phone #</small>		

off 878-5958