


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 29, 2007 8:00 am**  
**Secretary of State**

05-29-2007 90045 023 \*\*\*\*61.25

<b>DOCUMENT # N36562</b> 1. Entity Name <b>SUN TERRACE AT THE LAKES HOWEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>1210 NW SUN TERRACE CIRCLE PORT ST. LUCIE, FL 34986 US</b>			Mailing Address <b>1210 NW SUN TERRACE CIRCLE PORT ST. LUCIE, FL 34986 US</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		01102007 Chg-NP CR2E037 (12/06)	
City & State Zip		City & State Zip		4. FEI Number <b>65-0172403</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent <b>ROSS, DEBORA H 759 S. FEDERAL HWY STE 212 STUART, FL 34994</b>	
7. Name and Address of New Registered Agent 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 _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to - <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONTI, CARLO 1255A NW SUN TERR CIRCLE PORT SAINT LUCIE, FL 34986	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER LEN DOMINISSINI 1238-13 NW SUN TERRACE CIRCLE PORT ST LUCIE, FL 34986	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NICKEL, RONALD 1208D NW SUN TERRACE CIR. ST. LUCIE WEST, FL 34986	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR DIANE EMERY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EMBRY, DIANE 1215 A NW SUN TERR CR PORT SAINT LUCIE, FL 34986	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CLARK COYLE 1228-0 NW SUN TERRACE CIRCLE PORT ST LUCIE FL 34986	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MALLOCH, DOUG 1222D NW SUN TERRACE CIR. ST. LUCIE WEST, FL 34986	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PHILLIPS, THOMAS 1252A NW SUN TERRACE CIRCLE ST. LUCIE WEST, FL 34986	<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.					
<b>SIGNATURE: <u>Ronald F. Nickel, Jr.</u></b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<b>1-11-07</b> Date		<b>772-879-3725</b> Daytime Phone #