

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36562

FILED
Apr 20, 2009
Secretary of State

Entity Name: SUN TERRACE AT THE LAKES HOWEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1210 NW SUN TERRACE CIRCLE
PORT ST. LUCIE, FL 34986 US

New Principal Place of Business:

Current Mailing Address:

1210 NW SUN TERRACE CIRCLE
PORT ST. LUCIE, FL 34986 US

New Mailing Address:

FEI Number: 65-0172403

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSS, DEBORA H
759 S. FEDERAL HWY STE 212
STUART, FL 34994 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: DOMONISSINI, LEN
Address: 1238 B NW SUN TERR CIR
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: P () Delete
Name: NICKEL, RONALD
Address: 1208D NW SUN TERRACE CIR.
City-St-Zip: ST. LUCIE WEST, FL 34986

Title: VP () Delete
Name: COYLE, CLARK
Address: 1228 O NW SUN TERR CIR
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: D () Delete
Name: PHILLIPS, THOMAS
Address: 1252A NW SUN TERRACE CIRCLE
City-St-Zip: ST. LUCIE WEST, FL 34986

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: BISCEGLIA, JOSEPH
Address: 1210 NW SUN TERRACE CIR
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: P (X) Change () Addition
Name: ALTWEIN, CHARLES
Address: 1210 NW SUN TERRACE CIR.
City-St-Zip: ST. LUCIE WEST, FL 34986

Title: VP (X) Change () Addition
Name: BURNS, NORM
Address: 1210 NW SUN TERRACE CIR
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: D (X) Change () Addition
Name: PHILLIPS, THOMAS
Address: 1210 NW SUN TERRACE CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: S () Change (X) Addition
Name: RUDICEL, MYRNA
Address: 1210 NW SUN TERRACE CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34986

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: THOMAS J. PHILLIPS

D

04/20/2009

Electronic Signature of Signing Officer or Director

Date