

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90234 020 ****61.25

DOCUMENT # N00000002606

1. Entity Name

TREMONT I CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**2020 CLUBHOUSE DR
 SUN CITY CENTER FL 33573**

**2020 CLUBHOUSE DR
 SUN CITY CENTER FL 33573**

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

59-355 7602

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CULLEN, JAMES D
 24301 WALDEN CENTER DR SUITE 300
 BONITA SPRINGS FL 34134**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD Delete
 NAME BEYER, R C JR
 STREET ADDRESS 2020 CLUBHOUSE DR
 CITY-ST-ZIP SUN CITY CENTER FL 33573

TITLE PD Change Addition
 NAME KLEIN, FRITZ
 STREET ADDRESS 754 TREMONT GREENS LANE
 CITY-ST-ZIP SUN CITY CENTER FL 33573

TITLE VD Delete
 NAME NELSON, GARY
 STREET ADDRESS 2020 CLUBHOUSE DR
 CITY-ST-ZIP SUN CITY CENTER FL 33573

TITLE VD Change Addition
 NAME OLSON, BOB
 STREET ADDRESS 766 TREMONT GREENS LANE
 CITY-ST-ZIP SUN CITY CENTER FL 33573

TITLE STD Delete
 NAME WHITE, DARREN
 STREET ADDRESS 2020 CLUBHOUSE DR
 CITY-ST-ZIP SUN CITY CENTER FL 33573

TITLE TD Change Addition
 NAME MURPHY, BEVERLY
 STREET ADDRESS 733 TREMONT GREENS LANE
 CITY-ST-ZIP SUN CITY CENTER FL 33573

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD Change Addition
 NAME DUNLEAVY, ELAINE
 STREET ADDRESS 762 TREMONT GREENS LANE
 CITY-ST-ZIP SUN CITY CENTER FL 33573

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Change Addition
 NAME SAKO, AL
 STREET ADDRESS 819 TREMONT GREENS LANE
 CITY-ST-ZIP SUN CITY CENTER FL 33573

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE REQUIRED

Robert W Olson

3/13/01 813
 6345367

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)