

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90126 032 \*\*\*\*61.25

**DOCUMENT # N00000002606**

1. Entity Name  
**TREMONT I CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

**Sterling Management, Inc.**

3. Mailing Address

**723 Imar Drive**

723 Imar Drive

**Sun City Center, FL 33573**

**Sun City Center, FL 33573**

City & State

4. FEI Number **59-3557602**

Applied For  
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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 **BECKER & POLIAKOFF, P.A.**

Street Address (P.O. Box Number is Not Acceptable)  
**2401 WEST BAY DRIVE, SUITE 414**

City **LARGO** **FL** Zip Code **33770**

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

*Ellen Hirsch de Haan*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**ELLEN HIRSCH DE HAAN, J.D. FOR THE FIRM**

**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	<input checked="" type="checkbox"/> Delete
NAME	<b>KLEIN, FRITZ</b>	
STREET ADDRESS	<b>754 TREMONT GREENS LANE</b>	
CITY-ST-ZIP	<b>SUN CITY CENTER FL 33573</b>	
TITLE	VD	<input type="checkbox"/> Delete
NAME	<b>OLSON, BOB</b>	
STREET ADDRESS	<b>766 TREMONT GREENS LANE</b>	
CITY-ST-ZIP	<b>SUN CITY CENTER FL 33573</b>	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	<b>MURPHY, BEVERLY</b>	
STREET ADDRESS	<b>733 TREMONT GREENS LANE</b>	
CITY-ST-ZIP	<b>SUN CITY CENTER FL 33573</b>	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	<b>DUNLEAVY, ELAINE</b>	
STREET ADDRESS	<b>762 TREMONT GREENS LANE</b>	
CITY-ST-ZIP	<b>SUN CITY CENTER FL 33573</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>SAKO, AL</b>	
STREET ADDRESS	<b>819 TREMONT GREENS LANE</b>	
CITY-ST-ZIP	<b>SUN CITY CENTER FL 33573</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Dunleavy Elaine</i>	
STREET ADDRESS	<i>762 Tremont Greens Lane</i>	
CITY-ST-ZIP	<i>Sun City Center 71 33573</i>	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Murphy Beverly</i>	
STREET ADDRESS	<i>733 Tremont Greens Lane</i>	
CITY-ST-ZIP	<i>Sun City Center 72 33573</i>	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Hedgerson William</i>	
STREET ADDRESS	<i>763 Tremont Greens Lane</i>	
CITY-ST-ZIP	<i>Sun City Center 41 33573</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Elaine Dunleavy* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **4-4-02** **813-633-7687**  
 Date Daytime Phone #

CR2E037 (9/01)