

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90360 026 ****61.25

DOCUMENT # N00000002606

1. Entity Name

TREMONT I CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

STERLING MANAGEMENT, INC
1701-B RICKENBACKER DRIVE
SUN CITY CENTER FL 33573

Mailing Address

STERLING MANAGEMENT, INC
1701-B RICKENBACKER DRIVE
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



MOORE CR2E037 (11/03)

4. FEI Number **59-3557602**

Applied For
Not Applicable

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

DE FURIO, ESQ., JAMES
101 E. KENNEDY BLVD., STE 1030
TAMPA FL 33602

Name
Street Address James R. Defurio, Esquire
101 E. Kennedy Blvd. Suite 3000
City Tampa, FL 33602
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

4-27-04

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
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$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	PD	<input checked="" type="checkbox"/> Delete
NAME	DUNLEANY, ELAINE	
STREET ADDRESS	762 TREMONT GREENS LN.	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, BEVERLY	
STREET ADDRESS	836 TREMONT GREENS LN.	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	AMUNDSEN, LYNETTE	
STREET ADDRESS	833 TREMONT GREENS LN.	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HINDERLITER, DONALD	
STREET ADDRESS	769 TREMONT GREENS LN.	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HELGESON, WILLIAM	
STREET ADDRESS	763 TREMONT GREENS LANE	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Johnson, Beverly	
STREET ADDRESS	836 Tremont Greens Ln.	
CITY-ST-ZIP	Sun City Center, FL 33573	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hinderliter, Donald	
STREET ADDRESS	769 Tremont Greens Ln.	
CITY-ST-ZIP	Sun City Center, FL 33573	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Keister, Richard	
STREET ADDRESS	809 Tremont Greens Ln.	
CITY-ST-ZIP	Sun City Center, FL 33573	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rataiczak, Mary	
STREET ADDRESS	816 Tremont Greens Ln.	
CITY-ST-ZIP	Sun City Center, FL 33573	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Amundsen, Lynette	
STREET ADDRESS	833 Tremont Greens Ln.	
CITY-ST-ZIP	Sun City Center, FL 33573	
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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/13/04
Date

Daytime Phone #