


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90319 031 ****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

40071694



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

02092006 Chg-NP CR2E037 (11/05)

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
DE FURIO, ESQ., JAMES
201 E. KENNEDY BLVD., STE 1460
TAMPA, FL 33602

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006

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 | D | <input checked="" type="checkbox"/> Delete | TITLE | PD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HALEY, MARY JANE | | NAME | Dunleavy, Elaine | |
| STREET ADDRESS | 835 TREMONT GREENS LANE | | STREET ADDRESS | 762 Tremont Greens Ln. | |
| CITY-ST-ZIP | SUN CITY CENTER, FL 33573 | | CITY-ST-ZIP | Sun City Center, FL 33573 | |
| TITLE | PD | <input checked="" type="checkbox"/> Delete | TITLE | VPD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | KLEIN, KARL | | NAME | Christian, Eileen | |
| STREET ADDRESS | 754 TREMONT GREENS LANE | | STREET ADDRESS | 754 Tremont Greens Ln. | |
| CITY-ST-ZIP | SUN CITY CENTER, FL 33573 | | CITY-ST-ZIP | Sun City Center, FL 33573 | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete | TITLE | SD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | KEISTER, RICHARD | | NAME | Armstrong, Harriet | |
| STREET ADDRESS | 809 TREMONT GREENS LN. | | STREET ADDRESS | 812 Tremont Greens Ln. | |
| CITY-ST-ZIP | SUN CITY CENTER, FL 33573 | | CITY-ST-ZIP | Sun City Center, FL 33573 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete | TITLE | TD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | RATAICZAK, MARY | | NAME | Dison, Bill | |
| STREET ADDRESS | 816 TREMONT GREENS LN. | | STREET ADDRESS | 813 Tremont Greens Ln. | |
| CITY-ST-ZIP | SUN CITY CENTER, FL 33573 | | CITY-ST-ZIP | Sun City Center, FL 33573 | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DUNICAVY, ELAINE | | NAME | Tews, Norene | |
| STREET ADDRESS | 762 TREMONT GREENS LANE | | STREET ADDRESS | 766 Tremont Greens Ln. | |
| CITY-ST-ZIP | SUN CITY CENTER, FL 33573 | | CITY-ST-ZIP | Sun City Center, FL 33573 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |

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.

SIGNATURE: Elaine V. Dunleavy Date: 3/10/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR