


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90047 014 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3557602	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		Zip Code
FL					
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNLEARY, ELAINE		NAME		
STREET ADDRESS	762 TREMONT GREENS LN		STREET ADDRESS		
CITY-ST-ZIP	SUN CITY CENTER, FL 33573		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHRISTIAN, EILEEN		NAME	Rataiczak, Mary	
STREET ADDRESS	754 TREMONT GREENS LN		STREET ADDRESS	816 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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMSTRONG, HARRIET		NAME	Harriet Armstrong	
STREET ADDRESS	812 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	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OLSON, BILL		NAME	sanders, Irving	
STREET ADDRESS	813 TREMONT GREENS LN		STREET ADDRESS	815 Tremont Greens Ln	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573		CITY-ST-ZIP	Sun City Center, FL 33573	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEWS, NORENE		NAME		
STREET ADDRESS	766 TREMONT GREENS LN		STREET ADDRESS		
CITY-ST-ZIP	SUN CITY CENTER, FL 33573		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Silverman, Marcia	
STREET ADDRESS			STREET ADDRESS	724 Tremont Greens Ln.	
CITY-ST-ZIP			CITY-ST-ZIP	Sun City Center, FL 33573	
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: <i>Harriet Armstrong</i>		2005.		03/28/07 8136334258	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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