


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90079 040 \*\*\*\*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

40088411



2. Principal Place of Business - No P.O. Box #  
 3. Mailing Address

S Sterling Management  
 1904 Clubhouse Drive  
 i. #, etc.

01182008 Chg-NP CR2E037 (12/06)

C Sun City Center, FL 33573  
 ate

4. FEI Number  
 59-3557602 Applied For  
 Not Applicable

Z 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

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

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, 2008**

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 VPD  
 NAME RATAICZEK, MARY  Delete  
 STREET ADDRESS 816 TREMONT GREENS LN  
 CITY-ST-ZIP SUN CITY CENTER, FL 33573

TITLE PD  Change  Addition  
 NAME JOHNEDON, BEVERLY  
 STREET ADDRESS 836 TREMONT GREENS LANE  
 CITY-ST-ZIP SUN CITY CENTER FL 33573

TITLE PD  Delete  
 NAME ARMSTRONG, HARRIET  
 STREET ADDRESS 812 TREMONT GREENS LN  
 CITY-ST-ZIP SUN CITY CENTER, FL 33573

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

TITLE TD  Delete  
 NAME SANDERS, IRVING  
 STREET ADDRESS 815 TREMONT GREENS LN  
 CITY-ST-ZIP SUN CITY CENTER, FL 33573

TITLE D  Change  Addition  
 NAME BENSON, ALICE  
 STREET ADDRESS 740 TREMONT GREENS LANE  
 CITY-ST-ZIP SUN CITY CENTER FL 33573

TITLE D  Delete  
 NAME TEWS, NORENE  
 STREET ADDRESS 766 TREMONT GREENS LN  
 CITY-ST-ZIP SUN CITY CENTER, FL 33573

TITLE  Change  Addition

TITLE SD  Delete  
 NAME SILVERMAN, MARCIA  
 STREET ADDRESS 724 TREMONT GREENS LN  
 CITY-ST-ZIP SUN CITY CENTER, FL 33573

TITLE  Change  Addition

TITLE  Delete

TITLE  Change  Addition

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: Sandy Johnson President Date 03/14/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #