

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002606

FILED  
Apr 28, 2010  
Secretary of State

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

**Current Principal Place of Business:**

STERLING MANAGEMENT, INC  
1904 CLUBHOUSE DR  
SUN CITY CENTER, FL 33573

**New Principal Place of Business:**

THE CONTINENTAL GROUP, INC.  
1904 CLUBHOUSE DR  
SUN CITY CENTER, FL 33573

**Current Mailing Address:**

STERLING MANAGEMENT, INC  
1904 CLUBHOUSE DR  
SUN CITY CENTER, FL 33573

**New Mailing Address:**

THE CONTINENTAL GROUP, INC.  
1904 CLUBHOUSE DR  
SUN CITY CENTER, FL 33573

**FEI Number:** 59-3557602

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WETHERINGTON, HAMILTON, HARRISON & FAIR PA  
1010 N FLORIDA AVE  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: JOHNSON, BEVERLY  
Address: 836 TREMONT GREENS LANE  
City-St-Zip: SUN CITY CENTER, FL 33573

Title: VPD  
Name: MURPHY, BEVERLY  
Address: 733 TREMONT GREENS LANE  
City-St-Zip: SUN CITY CENTER, FL 33573

Title: SD  
Name: AMUNDSEN, LYNETTE  
Address: 833 TREMONT GREENS LANE  
City-St-Zip: SUN CITY CENTER, FL 33573

Title: TD  
Name: SANDERS, IRVING  
Address: 815 TREMONT GREENS LANE  
City-St-Zip: SUN CITY CENTER, FL 33573

Title: D  
Name: CHRISTIAN, EILEEN  
Address: 751 TREMONT GREENS LANE  
City-St-Zip: SUN CITY CENTER, FL 33573

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BRIAN L. MAY

MGR

04/28/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date