

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90265 043 ****61.25

DOCUMENT # N00000002606

1. Entity Name
TREMONT I CONDOMINIUM ASSOCIATION, INC.



*****New Address*****
Sterling Management
1701-B Rickenbacker Drive
Sun City Center, FL 33573

*****New Address*****
Sterling Management
1701-B Rickenbacker Drive
Sun City Center, FL 33573

10083808



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3557602		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
BECKER & POLIAKOFF, PA 2401 WEST BAY DRIVE SUITE 414 LARGO FL 33770				Name			
				Street			
				City			
				Zip Code			
				James R. De Furio, Esquire 101 E. Kennedy Blvd., Suite 1030 Tampa, FL 33602			

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: *[Signature]* Attorney MAR 25 2003

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	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
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	PD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	KLEIN, FRITZ			NAME	Dunleavy, Elaine		
STREET ADDRESS	754 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	VD	<input checked="" type="checkbox"/> Delete		TITLE	VD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	OLSON, BOB			NAME	Johnson, Beverly		
STREET ADDRESS	766 TREMONT GREENS LANE			STREET ADDRESS	836 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	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MURPHY, BEVERLY			NAME	Amundsen, Lynette		
STREET ADDRESS	733 TREMONT GREENS LANE			STREET ADDRESS	833 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	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DUNLEAVY, ELAINE			NAME	Hinderliter, Donald		
STREET ADDRESS	762 TREMONT GREENS LANE			STREET ADDRESS	769 Tremont Greens Ln.		
CITY-ST-ZIP	SUN CITY CENTER FL 33573			CITY-ST-ZIP	Sun City Center, FL 33573		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SAKO, AL			NAME			
STREET ADDRESS	819 TREMONT GREENS LANE			STREET ADDRESS			
CITY-ST-ZIP	SUN CITY CENTER FL 33573			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HELGESON, WILLIAM			NAME			
STREET ADDRESS	763 TREMONT GREENS LANE			STREET ADDRESS			
CITY-ST-ZIP	SUN CITY CENTER FL 33573			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]* 2/25/03 813-1033-71087

CR2E037 (10/02)