

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000002607

1. Entity Name **TREMONT II CONDOMINIUM ASSOCIATION, INC.**

**FILED**  
00 APR 28 AM 10:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
24301 Walden

Mailing Address

2. Principal Place of Business  
24301 Walden Center Drive

3. Mailing Address  
24301 Walden Center Drive

Suite, Apt. #, etc.  
Suite 300

Suite, Apt. #, etc.  
Suite 300

City & State  
Bonita Springs, FL

City & State  
Bonita Springs, FL

4. FEI Number  
59-3357603

Applied For  
Not Applicable

Zip  
34134

Country  
USA

Zip  
34134

Country  
USA

5. Certificate of Status Desired  \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name **James D. Cullen**  
Street Address (P.O. Box Number is Not Acceptable)  
**24301 Walden Center Drive**  
**Suite 300**  
City **Bonita Springs** FL Zip Code **34134**

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.

SIGNATURE *James D Cullen*  
Signature, typed or printed name of registered agent and title if applicable.

*JAMES D CULLEN*  
(NOTE: Registered Agent signature required when reinstating)

*4/24/00*  
DATE

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		Beyer, R.C. Jr.	
CITY-ST-ZIP		2020 Clubhouse Drive	
		Sun City Center, FL 33573	
TITLE	<input type="checkbox"/> Delete	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		Nelson, Gary	
STREET ADDRESS		2020 Clubhouse Drive	
CITY-ST-ZIP		Sun City Center, FL 33573	
TITLE	<input type="checkbox"/> Delete	STD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		White, Darren	
STREET ADDRESS		2020 Clubhouse Drive	
CITY-ST-ZIP		Sun City Center, FL 33573	
TITLE	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
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: *R.C. BEYER, JR* *26 APR 00 8002378200*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)