

2001 UNIFORM BUSINESS REPORT (UBR)

4/24

FILED
May 17, 2001 8:00 am
Secretary of State

04-24-2001 90234 018 ****61.25

DOCUMENT # N00000002607

1. Entity Name

TREMONT II CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2020 CLUBHOUSE DR
 SUN CITY CENTER FL 33573

2020 CLUBHOUSE DR
 SUN CITY CENTER FL 33573

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3557603

Applied For

Not Applicable

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

CULLEN, JAMES D
24301 WALDEN CENTER DR SUITE 300
BONITA SPRINGS FL 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

Signature, typed or printed name of registered agent and other applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-12-01

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

TITLE PD ☒ Delete
 NAME BEYER, R C JR
 STREET ADDRESS 2020 CLUBHOUSE DR
 CITY-ST-ZIP SUN CITY CENTER FL 33573

TITLE PD ☐ Change ☒ Addition
 NAME MUSSA, WALTER
 STREET ADDRESS 644 TREMONT GREENS LANE
 CITY-ST-ZIP SUN CITY CENTER FL 33573

TITLE VD ☒ Delete
 NAME NELSON, GARY
 STREET ADDRESS 2020 CLUBHOUSE DR
 CITY-ST-ZIP SUN CITY CENTER FL 33573

TITLE TD ☐ Change ☒ Addition
 NAME HANSEN, GEORGE
 STREET ADDRESS 636 TREMONT GREENS LANE
 CITY-ST-ZIP SUN CITY CENTER FL 33573

TITLE STD ☒ Delete
 NAME WHITE, DARREN
 STREET ADDRESS 2020 CLUBHOUSE DR
 CITY-ST-ZIP SUN CITY CENTER FL 33573

TITLE S ☐ Change ☒ Addition
 NAME BROWN, LIE, RICK
 STREET ADDRESS 719 TREMONT GREENS LANE
 CITY-ST-ZIP SUN CITY CENTER FL 33573

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Walter J. Mussa, Pres.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/15/01 813-635-1541

CR2E037 (10/00)