

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 16, 2002 8:00 am
Secretary of State

05-23-2002 90126 031 ****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

Sterling Management, Inc.

3. Mailing Address

Sterling Management, Inc.

Suite, Apt. or P.O. Box Number

Admiral Drive
Sun City Center, FL 33573

Suite, Apt. or P.O. Box Number

Admiral Drive
Sun City Center, FL 33573

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

CULLEN, JAMES D
 24301 WALDEN CENTER DR SUITE 300
 BONITA SPRINGS FL 34134

Name **BECKER & POLIAKOFF, P.A.**
 Street Address (P.O. Box Number is Not Acceptable)
2401 WEST BAY DRIVE, SUITE 414
 City **LARGO** FL Zip Code **33770**

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

Ellen Hirsch de Haan

Signature typed or printed name of registered agent and title if applicable: **ELLEN HIRSCH DE HAAN, J.D. FOR THE FIRM**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUSSA, WALTER 644 TREMONT GREENS LN SUN CITY CENTER FL 33573	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HANSEN, GEORGE 636 TREMONT GREENS LN SUN CITY CENTER FL 33573	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROWNIE, RICK 719 TREMONT GREENS LN SUN CITY CENTER FL 33573	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Norman George 636 Tremont Green Lane Sun City Center 71 33573	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Browlie Rick 719 Tremont Green Lane Sun City Center 71 33573	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Monnette Paul 629 Tremont Green Lane Sun City Center 71 33573	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Ellen Hirsch de Haan PRESIDENT 4/3/02 813-633-1541

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)