


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90095 012 ****61.25

DOCUMENT # N00000002607
1. Entity Name
TREMONT II CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
1701-B RICKENBACKER DRIVE 1701-B RICKENBACKER DRIVE
SUN CITY CENTER FL 33573 SUN CITY CENTER FL 33573

50050039



1st MOORE CR2E037 (10/04)

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State

4. FEI Number **59-3557603** Applied For
Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
DEFURIO, JAMES R ESQUIRE
101 E. KENNEDY BLVD., SUITE 3000
TAMPA FL 33602

7. Name and Address of New Registered Agent
Law Offices of James R. De Furio, P.A.
201 East Kennedy Boulevard
Suite 1460
Tampa, Florida 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]* DATE **4-12-05**
(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MONNETTE, PAUL <input type="checkbox"/> Delete 629 TREMONT GREENS LN SUN CITY CENTER FL 33573
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PISCHNER, NORM <input checked="" type="checkbox"/> Delete 644 TREMONT GREENS LN SUN CITY CENTER FL 33573
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BARNES, MARVIN <input type="checkbox"/> Delete 615 TREMONT GREENS LN SUN CITY CENTER FL 33573
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MANER, LORRAINE <input checked="" type="checkbox"/> Delete 645 TREMONT GREENS LN SUN CITY CENTER FL 33573
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOHRE, MARJORIE <input checked="" type="checkbox"/> Delete 702 TREMONT GREEN LN SUN CITY CENTER FL 33573
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Maher, Lorraine <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 645 Tremont Greens Ln. Sun City Center, FL 33573
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Lohre, Marjorie <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 702 Tremont Greens Ln. Sun City Center, FL 33573
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hopkins, Robert <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 624 Tremont Greens Ln. Sun City Center, FL 33573
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
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)(l), 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: *Paul J. Monnette* DATE: **5/02/05** DAYTIME PHONE #: **813-642-0565**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR