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Feb 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N08074 (9)

1. Corporation Name

TREMONT HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

211 TREMONT LANE
SARASOTA FL 34236

211 TREMONT LANE
SARASOTA FL 34236-1729

3. Date Incorporated or Qualified
03/11/1985

3a. Date of Last Report
03/06/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc.

Suite, Apt #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
65-0042317

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAXONBERG, ALVIN
211 TREMONT LANE
SARASOTA FL 34236

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE
NAME SHAFIE, SAM P.D.
STREET ADDRESS 212 TREMONT LANE
CITY-ST-ZIP SARASOTA FL

1.1 TITLE V/D/D Change Addition
1.2 NAME MALLACH, GORDON
1.3 STREET ADDRESS 235 TREMONT LANE
1.4 CITY-ST-ZIP SARASOTA, FL 34236

TITLE VPD DELETE
NAME CHIP, JERALD
STREET ADDRESS 223 TREMONT LANE
CITY-ST-ZIP SARASOTA FL

2.1 TITLE P/D Change Addition
2.2 NAME CHIP, JERALD
2.3 STREET ADDRESS 223 TREMONT LN
2.4 CITY-ST-ZIP SARASOTA, FL 34236

TITLE TDVD DELETE
NAME SAXONBERG, ALVIN
STREET ADDRESS 211 TREMONT LANE
CITY-ST-ZIP SARASOTA FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ALVIN SAXONBERG *[Signature]* 2/18/97 941-388-7862

CR2E037 (9/96)