

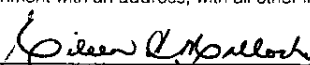


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90405 015 ****61.50

DOCUMENT # N08074			
1. Entity Name TREMONT HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 211 TREMONT LANE SARASOTA FL 34236		Mailing Address 211 TREMONT LANE SARASOTA FL 34236	
2. Principal Place of Business 235 TREMONT LANE		3. Mailing Address P.O. Box 730	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SARASOTA, FL.		City & State SARASOTA, FL.	
4. FEI Number 65-0042317		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 34236	Country U.S.A.	Zip 34230-0730	Country U.S.A.
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SAXONBERG, ALVIN 211 TREMONT LANE SARASOTA FL 34236		7. Name and Address of New Registered Agent Name MRS. EILEEN A. MALLOCH Street Address (P.O. Box Number is Not Acceptable) 235 TREMONT LANE City SARASOTA FL Zip Code 34236	
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  EILEEN A. MALLOCH, SECY. TREAS.		DATE 04/02/04	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MALLACH, EILIEEN 235 TREMINT LN SARASOTA FL 34236 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT KEVIN CRUTE 223 TREMONT LANE SARASOTA, FL. 34236 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MALLACH, GORDON 235 TREMONT LN SARASOTA FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT GORDON M.R. MALLOCH 235 TREMONT LANE SARASOTA, FL. 34236 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDVD CHIP, JEROLD 223 TREMONT LN SARASOTA FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECY./TREAS. MRS. EILEEN A. MALLOCH 235 TREMONT LANE SARASOTA, FL. 34236 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAXONBERG, ALVIN 211 TREMINT LN SARASOTA FL 34236 <input checked="" type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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:  EILEEN A. MALLOCH		DATE: 04/02/04 DAYTIME PHONE #: 941-388-2549	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	