| Name and | Address of Current Registered A | gent: | | |
|---|--|---------------------------------------|---|-------------|
| | NT LANE FL 34236 US | | | |
| The above nam | med entity submits this statement for the purpose of | changing its registered office or reg | gistered agent, or both, in the State o | of Florida. |
| SIGNATURE: ANN JOHNSON Electronic Signature of Registered Agent | | | | 01/17/2021 |
| | | | | Date |
| Officer/Di | rector Detail : | | | |
| Title | Р | Title | VP | |
| Name | JOHNSON, ANN | Name | MALLOCH, DINA | |
| Address | 223 TREMONT LANE | Address | 235 TREMONT LANE | |

Current Principal Place of Business: 223 TREMONT LANE SARASOTA, FL 34236

DOCUMENT# N08074

Current Mailing Address:

223 TREMONT LANE SARASOTA. FL 34236 US

FEI Number: 65-0042317

Nan

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: TREMONT HOMEOWNERS ASSOCIATION, INC.

City-State-Zip: SARASOTA FL 34236

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ANN P JOHNSON

City-State-Zip: SARASOTA FL 34236

01/17/2021

Electronic Signature of Signing Officer/Director Detail

FILED Jan 17, 2021 Secretary of State

8960844820CC

Certificate of Status Desired: No

PRESIDENT

Date