2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 29, 2008 8:00 am Secretary of State 04-29-2008 90079 040 ****61.25

DOCUMENT	# N000000026	06
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1. Entity Name



IREMON	T CONDOMINIUM ASSOCIATIO	N, INC.					
Principal Place of Business STERLING MANAGEMENT, INC 1701-B RICKENBACKER DRIVE SUN CITY CENTER, FL 33573 Mailing Address STERLING MANAGEMENT, INC 1701-B RICKENBACKER DRIVE SUN CITY CENTER, FL 33573							
2. Principal Pl	ace of Business - No P.O. Box # 3. Mail	ing Address					
	ling Management	t. #, etc.			01182008 Chg-NP CR2E037 (12/06)		
^	4 Clubhouse Drive City Center, FL 33573	ate			4. FEI Number Applied For 59-3557602 Not Applied		
Z	, = = =================================	Country			5. Certificate of Status Desired S8.75 Additional Fee Required	Die	
	6. Name and Address of Current Registere	ed Agent			7: Name and Address of New Registered Agent		
DE EUDIO	FOO JAMES		Name				
DE FURIO, ESQ., JAMES 201 E. KENNEDY BLVD., STE 1460 TAMPA, FL 33602			Street Addre		s (P.O. Box Number is Not Acceptable)		
1700 7, 11	2 30002	Manager of					
			City		FL Zip Code		
		ose of changing its	registered office of	r register	red agent, or both, in the State of Florida. I am familiar with, and acce	pt	
the obligations of registered agent. SIGNATURE: SIGNATURE: SIgnature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
	Filing Fee Is \$61.25 Due by May 1, 2008	9. Efection Carr Trust Fund C	paign Financing ontribution.		\$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	\Box	
TITLE	VPD RATAICZEK, MARY	Delete	TITLE NAME	PD	JOHNEON, BEVERLY Change Policy B36 TREMONT GREENS LAND	tion	
NAME STREET ADDRESS	816 TREMONT GREENS LN	-	STREET ADDRESS		836 TREMONT GREENS LAN	E	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573		CITY-ST-ZIP		SUNCITU CONTOR OL 33573		
TITLE	PD	Delete	TITLE	VPI	C o deve	tion	
NAME	ARMSTRONG, HARRIET	•	NAME	V 1 -	722 TECMONT GREEK AND	<u>.</u>	
STREET ADDRESS CITY-ST-ZIP	812 TREMONT GREENS LN SUN CITY CENTER, FL 33573		STREET ADDRESS CITY-ST-ZIP		SUNCIMY CENTER & 3357	<u>~</u> ∣	
TITLE	TD	☐ Delete	TITLE	•		tion	
NAME	SANDERS, IRVING	Delete	NAME	\mathfrak{D}	DENSON PLUCE		
STREET ADDRESS	815 TREMONT GREENS LN		STREET ADDRESS		740 TREMONT GREEKS LANK SUN CITY CENTER EL 3357	<u>-</u>	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	~	CITY-ST-ZIP		SUN CITY CELITER 14 3357	3	
TITLE NAME	D TEWS, NORENE	Delete	TITLE NAME		☐ Change ☐ Addi	tion }	
STREET ADDRESS	766 TREMONT GREENS LN		STREET ADDRESS			Ì	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573		CITY-ST-ZIP				
TITLE	SD	☐ Delete	TITLE		☐ Change ☐ Addi	ition	
NAME	SILVERMAN, MARCIA		NAME				
STREET ADDRESS CITY-ST-ZIP	724 TREMONT GREENS LN SUN CITY CENTER, FL 33573		STREET ADDRESS CITY-ST-ZIP				
TITLE		☐ Delete	TITLE	<u> </u>	☐ Change ☐ Addi	ition	
NAME			NAME			j	
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP	<u> </u>	, , ,	CITY-S1-ZIP		d is Chapter 110. Flexido Ciatutas I funtas apadituthat the informacia		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.							