2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

May 01, 2006 8:00 am Secretary of State DOCUMENT # N00000002607 05-01-2006 90319 030 ****61.25 TREMONT II CONDOMINIUM ASSOCIATION, INC. Mailing Address Principal Place of Business 1701-B RICKENBACKER DRIVE 1701-B RICKENBACKER DRIVE SUN CITY CENTER, FL 33573 SUN CITY CENTER, FL 33573 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01162006 Chg-NP CR2E037 (11/05) 4. FEI Number 59-3557603 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DEFURIO, JAMES R ESQUIRE Street Address (P.O. Box Number is Not Acceptable) 201 É KENNEDY BLVD STF 1460 **TAMPA, FL 33602** City Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 Make check payable to 9. Election Campaign Financing \$5.00 May Be \Box Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Addition PD9 TITLE ☐ Delete TITLE ☐ Change Hookins, Robert MONNETTE, PAUL NAME NAME 624 Tremont Greens Ln STREET ADDRESS 629 TREMONT GREENS LN STREET ADDRESS SUN CITY CENTER, FL 33573 Sun City Center, FL 33573 CITY-ST-ZIP CITY-ST-78P VPD TITLE TITLE ☐ Change **Addition** Delete Berns, Donald MAHER, LORRAINE NAME NAME wistremont Greens Un-645 TREMONT GREENS LANE STREET ADDRESS STREET ADDRESS SUN CITY CENTER, FL 33573 CITY-ST-ZIP CITY-ST-ZIP un City Center, Fl. 33573 TITLE TD ☐ Delete TITLE Change **Addition** Lohre, Marjorie 702 Tremont Greens Ln. Sun City Center, FL 33573 NAME NAME BARNES, MARVIN 615 TREMONT GREENS LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SUN CITY CENTER, FL 33573 CITY-ST-ZIP Change Delete ☐ Addition TITLE TITLE NAME LOHRE, MAJORIE NAME STREET ADDRESS 702 TREMONT GREENS LANE STREET ADDRESS CITY-ST-ZIP SUN CITY CENTER, FL 33573 CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete HOPKINS, ROBERT NAME NAME STREET ADDRESS **624 TREMONT GREENS LANE** STREET ADDRESS CITY-ST-ZIP SUN CITY CENTER, FL 33573 CITY-ST-ZIP TITLE Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

FILED