

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N39463 (7)
1. Corporation Name

TRENT CONDOMINIUM A ASSOCIATION, INC.



Principal Place of Business: 7600 NOB HILL ROAD, TAMARAC FL 33321-1829
Mailing Address: 7600 NOB HILL ROAD, TAMARAC FL 33321-1829

3. Date incorporated or Qualified: **08/10/1990**
3a. Date of Last Report: **03/17/1995**
4. FEI Number: **65-0461933**
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

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent

~~WATSKY, MORRIS A.
700 N.W. 19TH AVE.
MIAMI FL 33172~~

10. Name and Address of New Registered Agent

81 Name: **CHRIS FLUEHR**
82 Street Address (P.O. Box Number is Not Acceptable): **3500 GATEWAY DR. #202**
83
84 **POMPANO BEACH FL 85 Zip Code 33069**

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: *Christopher J. Fluehr* DATE: **1/23/96**

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	RIEFS, MARTIN L.	
STREET ADDRESS	7600 NOB HILL ROAD	
CITY - ST - ZIP	TAMARAC FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	SCHRAGER, MARLENE	
STREET ADDRESS	7600 NOB HILL ROAD	
CITY - ST - ZIP	TAMARAC FL	
TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	PEDONE, SUE	
STREET ADDRESS	7600 NOB HILL ROAD	
CITY - ST - ZIP	TAMARAC FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	APPEL, MAURICE	
1.3 STREET ADDRESS	7504 TRENT DR	
1.4 CITY - ST - ZIP	TAMARAC, FL 33321	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BERG, WARREN	
2.3 STREET ADDRESS	7592 TRENT DR.	
2.4 CITY - ST - ZIP	TAMARAC, FL 33321	
3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CASALINUOVO, ROBERT	
3.3 STREET ADDRESS	7558 TRENT DR.	
3.4 CITY - ST - ZIP	TAMARAC, FL 33321	
4.1 TITLE	S/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	KESSLER THELMA	
4.3 STREET ADDRESS	7540 TRENT DR.	
4.4 CITY - ST - ZIP	TAMARAC, FL 33321	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	RANDAZZO, SAM	
5.3 STREET ADDRESS	7560 TRENT DR.	
5.4 CITY - ST - ZIP	TAMARAC, FL 33321	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Robert Casalini* DATE: **1/23/96** DAYTIME PHONE #: **721-3638**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **ROBERT CASALINUOVO, VICE PRESIDENT 2ND**

CR2E037 (12/95)