

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 03 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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

MAURICE BROWARD, INC.  
7600 NOB HILL ROAD  
TAMARAC FL 33321-1629

Mailing Address

MAURICE BROWARD, INC.  
7600 NOB HILL ROAD  
TAMARAC FL 33321-16293. Date Incorporated or Qualified  
08/10/19903a. Date of Last Report  
02/08/1996

2. Principal Place of Business

21 4373 ROCK ISLAND RD.

Suite, Apt. #, etc.

22

City &amp; State

23 LAUDERHILL, FL.

Zip

24 33319

Country

25 US

2a. Mailing Address

26 4373 ROCK ISLAND RD.

Suite, Apt. #, etc.

27

City &amp; State

28 LAUDERHILL, FL.

Zip

29 33319

Country

30 US

4. FEI Number

65-0461933

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes☐ No

9. Name and Address of Current Registered Agent

FLUEHR, CHRIS  
3500 GATEWAY DR #202  
POMPANO BEACH FL 33069

10. Name and Address of New Registered Agent

81 Name

SAME

82 Street Address (P.O. Box Number Is Not Acceptable)

4373 ROCK ISLAND RD.

83

84 City

LAUDERHILL

FL

85 Zip Code

33319

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/6/97

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	APFEL, MAURICE	
STREET ADDRESS	7504 TRENT DR	
CITY - ST - ZIP	TAMARAC FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	BERG, WARREN	
STREET ADDRESS	7592 TRENT DR	
CITY - ST - ZIP	TAMARAC FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CASALINO, ROBERT	
STREET ADDRESS	7558 TRENT DR	
CITY - ST - ZIP	TAMARAC FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	KESSLER, THELMA	
STREET ADDRESS	7540 TRENT DR	
CITY - ST - ZIP	TAMARAC FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RANDAZZO, SAM	
STREET ADDRESS	7560 TRENT DR	
CITY - ST - ZIP	TAMARAC FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	USDIN, IRVING	
1.3 STREET ADDRESS	7564 TRENT DR	
1.4 CITY - ST - ZIP	TAMARAC, FL.	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HORNSTEIN, SONYA	
2.3 STREET ADDRESS	7588 TRENT DR.	
2.4 CITY - ST - ZIP	TAMARAC, FL.	
3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SMITH, ARTHUR	
3.3 STREET ADDRESS	7580 TRENT DR.	
3.4 CITY - ST - ZIP	TAMARAC, FL.	
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	GARFINKEL, PHILIP	
4.3 STREET ADDRESS	7528 TRENT DR.	
4.4 CITY - ST - ZIP	TAMARAC, FL.	
5.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	INSDOFF, FRED	
5.3 STREET ADDRESS	7530 TRENT DR.	
5.4 CITY - ST - ZIP	TAMARAC, FL.	
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 does not qualify for the exemption stated in Section 119.07(3)(l), 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:

IRVING USDIN PRES. IRVING USDIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0036918

CR2E037 (9/96)