

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90024 032 ****61.25

DOCUMENT # N39463
 1. Entity Name
TRENT CONDOMINIUM A ASSOCIATION, INC.

Principal Place of Business Mailing Address
 4373 ROCK ISLAND RD 7600 NOB HILL ROAD
 LAUDERHILL FL 33319 TAMARAC FL 33321-1829
 US

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. 4373 ROCK ISLAND RD
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 LAUDERHILL, FL

Zip Country Zip Country
 33319 USA

4. FEI Number Applied For
 65-0461933 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
~~FEJEHR, CHRIS
 4373 ROCK ISLAND RD
 LAUDERHILL FL 33319~~

7. Name and Address of New Registered Agent
 Name: **JOHN TIGHT**
 Street Address (P.O. Box Number is Not Acceptable):
4373 ROCK ISLAND RD
 City: **LAUDERHILL** State: **FL** Zip Code: **33319**

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.

SIGNATURE: *Alfred Insdorf* DATE: *2/4/00*
Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	YBD BURD, LAWRENCE 7552 TRENT DR TAMARAC FL 33321 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PB VD HORNSTEIN, SONYA 7588 TRENT DR TAMARAC FL 33321 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SP LEICHER, SHELDON 7584 TRENT DR TAMARAC FL 33321 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TPD INSDORF, ALFRED 7530 TRENT DR TAMARAC FL 33321 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GARFINKEL, PHILIP 7528 TRENT DR TAMARAC, FL 33321 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: *Alfred Insdorf* DATE: *2/4/00* DAYTIME PHONE #: *954-726-1563*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR