


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90181 009 ****61.25

DOCUMENT # N39463

1. Entity Name
TRENT CONDOMINIUM A ASSOCIATION, INC.



Principal Place of Business
 4373 ROCK ISLAND RD
 LAUDERHILL, FL 33319 US

Mailing Address
 4373 ROCK ISLAND RD
 TAMARAC, FL 33321-1829

Bldg. 00912
24072192



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04152004 Chg-NP CR2E037 (10/03)

City & State
 Zip Country

4. FEI Number
 65-0461933

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

TIGHT, JOHN
 4373 ROCK ISLAND RD
 LAUDERHILL, FL 33319

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee Is \$61.25 Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE & NAME	PD GAMSEN, IRWIN	<input type="checkbox"/> Delete
STREET ADDRESS	7506 TRENT DR	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE & NAME	SD LEICHER, RENEE	<input type="checkbox"/> Delete
STREET ADDRESS	7584 TRENT DR	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE & NAME	TD FINKEL, MIRIAM R	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	7574 TRENT DR	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE & NAME	VPD INSDORF, ALFRED	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	7530 TRENT DR	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE & NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE & NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE & NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE & NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE & NAME	SECRETARY KATHLEEN STONE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7576 TRENT DR.	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE & NAME	VICE-PRES. LEONARD SAMIS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7500 TRENT DR.	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE & NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE & NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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: *Irwin S. Gamsen* **IRWIN S. GAMSEN - PRES.** **4-29-04** **770 4837**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #