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Mar 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N92000000001 (9)

1. Corporation Name

TRENT CONDOMINIUM D ASSOCIATION, INC.



Principal Place of Business Mailing Address

~~MRS. B. BROWN, ETC.~~
C/O GOLDMAN AND JUDA, PA
7771 W OAKLAND PARK BLVD #201
FT LAUDERDALE FL 33351
US

C/O GOLDMAN AND JUDA, PA
7771 W OAKLAND PARK BLVD #201
FT LAUDERDALE FL 33351-6787
US

3. Date Incorporated or Qualified 11/05/1992
3a. Date of Last Report 07/08/1996

2. Principal Place of Business

2a. Mailing Address

21 43 73 ROCK ISLAND RD

26 43 73 ROCK ISLAND ROAD

4. FEI Number 65-0374185
Applied For Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

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

23 City & State LAUDERHILL FL

28 City & State LAUDERHILL FL

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

24 Zip 33319 25 Country US

29 Zip 33319 30 Country US

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BURK, MARY
7503 TRENT DR
TAMARAC FL 33321

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 Mary M. Burk

DATE 2/22/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	ALOSIO, JOSEPH	
STREET ADDRESS	7511 TRENT DR	
CITY-ST-ZIP	TAMARAC FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WOLINSKY, HERBERT	
STREET ADDRESS	7501 TRENT DR	
CITY-ST-ZIP	TAMARAC FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ARONFESKY, DON	
STREET ADDRESS	7600 NOB HILL ROAD	
CITY-ST-ZIP	TAMARAC FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BURK, MARY	
STREET ADDRESS	7503 TRENT DR	
CITY-ST-ZIP	TAMARAC FL	
TITLE	DD	<input checked="" type="checkbox"/> DELETE
NAME	SHERER, JEROME	
STREET ADDRESS	7505 TRENT DR	
CITY-ST-ZIP	TAMARAC FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	FD AUSTER, GLORIA
3.3 STREET ADDRESS	7563 TRENT DR.
3.4 CITY-ST-ZIP	TAMARAC, FL.
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DD PINCUS, JEROME
5.3 STREET ADDRESS	7563 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)(i), 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: [Signature]

75511111 ALOSI
(954.726.9776) 2/22/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0037606

CR2E037 (9/96)