


**FILED**  
**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90084 044 \*\*\*\*61.25

|                                                       |                                                                                   |                                                                                                   |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br>Katherine Harris<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|

**DOCUMENT # N92000000001**

1. Corporation Name  
**TRENT CONDOMINIUM D ASSOCIATION, INC.**

|                                                                                 |                                                                       |
|---------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| Principal Place of Business<br>4373 ROCK ISLAND RD<br>LAUDERHILL FL 33319<br>US | Mailing Address<br>4373 ROCK ISLAND ROAD<br>LAUDERHILL FL 33319<br>US |
|---------------------------------------------------------------------------------|-----------------------------------------------------------------------|

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|--------------------------------------|---------------------------|-------------------------------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 | 3. Date Incorporated or Qualified<br>11/05/1992                                                             |
| Suite, Apt. #, etc.<br>22            | Suite, Apt. #, etc.<br>27 | 4. FEI Number<br>65-0374185                                                                                 |
| City & State<br>23                   | City & State<br>28        | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                    |
| Zip<br>24                            | Country<br>25             | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

|                                                                                                          |  |                                                                                                                                                                                                                              |  |
|----------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 9. Name and Address of Current Registered Agent<br><b>BURK MARY</b><br>7503 TRENT DR<br>TAMARAC FL 33321 |  | 10. Name and Address of New Registered Agent<br>81 Name <b>JEANNE MENARD</b><br>82 Street Address (P.O. Box Number is Not Acceptable) <b>4373 ROCK ISLAND</b><br>83<br>84 City <b>LAUDERHILL</b> FL 85 Zip Code <b>33319</b> |  |
|----------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

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 **JOSEPH ALOISIO** *Joseph Aloisio* DATE **2/11/99**

| 12. OFFICERS AND DIRECTORS                     |                                                                             | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12          |                                                                              |
|------------------------------------------------|-----------------------------------------------------------------------------|----------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br><b>ALOSIO, JOSEPH</b><br>7511 TRENT DR<br>TAMARAC FL            | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br><b>ALOSIO, JOSEPH</b><br>7511 TRENT DR<br>TAMARAC FL 33321      | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TD</b><br><b>AUSTER, GLORIA</b><br>7553 TRENT DR<br>TAMARAC FL           | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <del><b>SB</b><br/><b>BURK, MARY</b><br/>7503 TRENT DR<br/>TAMARAC FL</del> | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DD</b><br><b>PINCUS, JEROME</b><br>7563 TRENT DR<br>TAMARAC FL           | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE                                             | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

14. 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 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, with all other like empowered.

SIGNATURE: **JOSEPH ALOISIO** *Joseph Aloisio* DATE **2/11/99** 7269776

CR2E037 (1/98)