FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 19, 2002 8:00 am DOCUMENT # N9200000001 **Secretary of State** 1. Entity Name 02-19-2002 90045 048 ****61.25 TRENT CONDOMINIUM D ASSOCIATION, INC. Principal Place of Business Mailing Address 4373 ROCK ISLAND RD 4373 ROCK ISLAND ROAD LAUDERHILL FL 33319 LAUDERHILL FL 33319 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0374185 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MENARD, JEANNE **4373 ROCK ISLAND** LAUDERHILL FL 33319 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Addition TITLE Delete MENARD, JEANNE NAME NAME 7545 TRENT DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMARAC FL 33321 CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ALOISIO, JOSEPH NAME STREET ADDRESS 7511 TRENT DR STREET ADDRESS CITY-ST-ZIP TAMARAC FL 33321 CITY-ST-ZIP Addition TITLE TITLE ☐ Change **AUSTER, GLORIA** NAME 7553 TRENT DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMARAC FL CITY-ST-ZIP VD TITLE TITLE ☐ Change Addition WOLINSKY, HERBERT NAME NAME STREET ADDRESS 7501 TRENT DR STREET ADDRESS TAMARAC FL 333 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE PINCUS, JEROME NAME NAME STREET ADDRESS 7563 TRENT DR STREET ADDRESS TAMARAC FL CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 eath; 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: