


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # N92000000001
 1. Entity Name
 TRENT CONDOMINIUM D ASSOCIATION, INC.



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



DO NOT WRITE IN THIS SPACE

04172005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
 65-0374185 Not Applicable

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

6. Name and Address of Current Registered Agent
 MENARD, JEANNE
 4373 ROCK ISLAND
 LAUDERHILL, FL 33319

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MENARD, JEANNE 7545 TRENT DR TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALOISIO, JOSEPH 7511 TRENT DR TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AUSTER, GLORIA 7553 TRENT DR TAMARAC, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WOLINSKY, HERBERT 7501 TRENT DR TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/27/05-80127-001 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Joseph Aloisio Date 4/13/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #