


**FILED**  
**May 10, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90178 047 \*\*\*\*61.25

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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



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

Mailing Address  
 4373 ROCK ISLAND ROAD  
 LAUDERHILL, FL 33319 US

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

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

City & State  
 Zip Country

City & State  
 Zip Country

3/160  
 66015694  
 [Redacted]

01262006 Chg-NP CR2E037 (11/05)

4. FEI Number  
 65-0374185

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

5. Name and Address of Current Registered Agent

MENARD, JEANNE  
 373 ROCK ISLAND  
 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

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 re-registering) DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2006

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

Make check payable to Florida Department of State

0. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SD MENARD, JEANNE 7545 TRENT DR TAMARAC, FL 33321 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	2. V.P., VP Pincus, Jerome 7563 Trent Drive Tamarac FL 33321 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P ALOISIO, JOSEPH 7511 TRENT DR TAMARAC, FL 33321 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	10 TD TABACK, ABRAHAM 7547 Trent Drive Tamarac FL 33321 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TD AUSTER, GLORIA 7553 TRENT DR TAMARAC, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	9. W.P.T.K.O., SHARON SD 7517 Trent Drive Tamarac FL 33321 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP WOLINSKY, HERBERT 7501 TRENT DR TAMARAC, FL 33321 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption contained in Chapter 119, 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: [Signature] 4-16/06 954-739-1400  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SIGN & DATE**