


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90172 019 ****61.25

DOCUMENT # N92000000001							
1. Entity Name TRENT CONDOMINIUM D ASSOCIATION, INC.							
Principal Place of Business 4373 ROCK ISLAND RD LAUDERHILL, FL 33319 US			Mailing Address 4373 ROCK ISLAND ROAD LAUDERHILL, FL 33319 US				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 65-0374185			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
MENARD, JEANNE 4373 ROCK ISLAND LAUDERHILL, FL 33319			Name CAMPBELL PROPERTY MANAGEMENT				
			Street Address (P.O. Box Number is Not Acceptable) 4373 ROCK ISLAND ROAD				
			City LAUDERHILL		FL	Zip Code 33319	
			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 <i>Kelly Cuttenberger</i>			DATE <i>4/11/07</i>				
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)				
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	PINCUS, JEROME		NAME				
STREET ADDRESS	7563 TRENT DR.		STREET ADDRESS				
CITY-ST-ZIP	TAMARAC, FL 33321		CITY-ST-ZIP				
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	ALOISIO, JOSEPH		NAME				
STREET ADDRESS	7511 TRENT DR		STREET ADDRESS				
CITY-ST-ZIP	TAMARAC, FL 33321		CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	TABACK, ABRAHAM		NAME				
STREET ADDRESS	7547 TRENT DRIVE		STREET ADDRESS				
CITY-ST-ZIP	TAMARAC, FL 33321		CITY-ST-ZIP				
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	WOLINSKY, HERBERT		NAME				
STREET ADDRESS	7501 TRENT DR		STREET ADDRESS				
CITY-ST-ZIP	TAMARAC, FL 33321		CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	SWITKO, SHARON		NAME				
STREET ADDRESS	7517 TRENT DRIVE		STREET ADDRESS				
CITY-ST-ZIP	TAMARAC, FL 33321		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions 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: <i>Joseph Aloisio</i>			DATE: <i>4/12/07</i>				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date				
			Daytime Phone #				

40067308



04092007 Chg-NP CR2E037 (12/06)

Applied For
Not Applicable

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

Kelly Cuttenberger

4/11/07

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		
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NAME	PINCUS, JEROME	
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CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	P	<input type="checkbox"/> Delete
NAME	ALOISIO, JOSEPH	
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STREET ADDRESS		
CITY-ST-ZIP		

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SIGNATURE: *Joseph Aloisio*

DATE: *4/12/07*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #