

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northing
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 24 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N92000000150 (4)

1. Corporation Name

TRENT NEIGHBORHOOD ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business 7600 NOB HILL ROAD TAMARAC FL 33321		Mailing Address 7600 NOB HILL ROAD TAMARAC FL 33321		3. Date Incorporated or Qualified 11/05/1992	3a. Date of Last Report 04/07/1994
2. Principal Place of Business 3500 GATEWAY DRIVE <small>Sub. Apt. #, etc.</small> 202		2a. Mailing Address 3500 GATEWAY DRIVE <small>Sub. Apt. #, etc.</small> 202		4. FEI Number 65-0393564	Applied For <input type="checkbox"/> Not Applicable
23. City & State POMPANO BEACH, FL		27. City & State POMPANO BEACH, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24. Zip 33069		29. Zip 33069		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25. Country U.S.A.		30. Country U.S.A.		7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/> \$68.75 Supplemental Fee Not Required	
9. Name and Address of Current Registered Agent WATSKY, MORRIS J 700 N.W. 107TH AVENUE MIAMI FL 33172		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

10. Name and Address of New Registered Agent		81. Name APPEL, MAURICE CHRISTOPHER J. FLUGER
		82. Street Address (P.O. Box Number is Not Acceptable) 7504 TRENT DRIVE
		83. 3500 GATEWAY DR #202
		84. City TAMARAC POMPANO Bch FL 85. Zip Code 33069 33321

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Christopher J. Fisher DATE: 4/18/95

(NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIEFS, MARTIN L	1.2 NAME	FISHBACK, GERALD J.
STREET ADDRESS	7600 NOB HILL ROAD	1.3 STREET ADDRESS	7645 TRENT DR.
CITY-ST-ZIP	TAMARAC FL 33321	1.4 CITY-ST-ZIP	TAMARAC, FL 33301
TITLE	VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHRAGER, MARLENE	2.2 NAME	STEVENS, ROBERT
STREET ADDRESS	7600 NOB HILL ROAD	2.3 STREET ADDRESS	7470 TRENT DR.
CITY-ST-ZIP	TAMARAC FL 33321	2.4 CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	STD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEDONE, GUE	3.2 NAME	APPEL, MAURICE
STREET ADDRESS	7600 NOB HILL ROAD	3.3 STREET ADDRESS	7504 TRENT DR.
CITY-ST-ZIP	TAMARAC FL 33321	3.4 CITY-ST-ZIP	TAMARAC, FL 33321
TITLE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	ZELKOWITZ, LEONARD
STREET ADDRESS		4.3 STREET ADDRESS	7799 TRENT DR.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIMORSE, VICTOR	5.2 NAME	SHERER, JEROME
STREET ADDRESS	7778 TRENT DRIVE	5.3 STREET ADDRESS	7505 TRENT DR.
CITY-ST-ZIP	TAMARAC, FL 33321	5.4 CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHRAGER, MARLENE	6.2 NAME	SHAPIRO, HIRSH
STREET ADDRESS	7600 NOB HILL ROAD	6.3 STREET ADDRESS	7678 TRENT DRIVE
CITY-ST-ZIP	TAMARAC, FL 33321	6.4 CITY-ST-ZIP	TAMARAC, FL 33321

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: Gerald J. Fishback DATE: 4/14/95 TITLE: PRESIDENT DAYTIME PHONE: (305) 790-9441

(SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)