

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N92000000150 (4)

1. Corporation Name

TRENT NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business	Mailing Address
3500 GATEWAY DRIVE STE 202 POMPANO BEACH FL 33069 US	3500 GATEWAY DRIVE STE 202 POMPANO BEACH FL 33069 US

3. Date Incorporated or Qualified 11/05/1992	3a. Date of Last Report 04/24/1995
4. FEI Number 65-0393564	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FLUEHR, CHRISTOPHER J. 3500 GATEWAY DRIVE #202 POMPANO BEACH FL 33069	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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 617.0503, Florida Statutes.

SIGNATURE *Christopher J. Fluehr* (NOTE: Registered Agent signature required when reinstating) DATE **1/23/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD FISHBACK, GERALD J. 7645 TRENT DRIVE TAMARAC FL	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD STEVENS, ROBERT 7470 TRENT DRIVE TAMARAC FL	2.1 TITLE	D LILLIAN KAUFMAN
NAME		2.2 NAME	7838 TRENT DR.
STREET ADDRESS		2.3 STREET ADDRESS	TAMARAC, FL. 33321
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD APPEL, MAURICE 7504 TRENT DRIVE TAMARAC FL	3.1 TITLE	SD THELMA KESSLER
NAME		3.2 NAME	7540 TRENT DR.
STREET ADDRESS		3.3 STREET ADDRESS	TAMARAC, FL. 33321
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD ZELKOWITZ, LEONARD 7799 TRENT DRIVE TAMARAC FL	4.1 TITLE	D MORSE, VICTOR A.
NAME		4.2 NAME	7778 TRENT DR.
STREET ADDRESS		4.3 STREET ADDRESS	TAMARAC, FL. 33321
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D SHERER, JEROME 7505 TRENT DRIVE TAMARAC FL	5.1 TITLE	D JOSEPH ALOSIO
NAME		5.2 NAME	7511 TRENT DR.
STREET ADDRESS		5.3 STREET ADDRESS	TAMARAC, FL. 33321
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D SHAPIRO, HARRY 7678 TRENT DRIVE TAMARAC FL	6.1 TITLE	D/VAN DAGNA, GERALD
NAME		6.2 NAME	7652 TRENT DR.
STREET ADDRESS		6.3 STREET ADDRESS	TAMARAC, FL. 33321
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 119.07(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: *[Signature]* DATE: **1/23/96** DAYTIME PHONE #: **724-9274**

CR2E037 (12/95)