


**FILED**  
**Mar 05, 1999 8:00 am**  
**Secretary of State**

03-05-1999 90003 048 \*\*\*\*61.25

|   |  |  |   |  |  |
|---|--|--|---|--|--|
| <b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>   |  |   |   | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS  |  |
| <b>DOCUMENT # N92000000150</b>  |  |  |   |  |  |
| 1. Corporation Name<br><b>TRENT NEIGHBORHOOD ASSOCIATION, INC.</b>  |  |  |   |  |  |
| Principal Place of Business<br><b>4373 ROCK ISLAND ROAD</b><br><b>LAUDERHILL FL 33319</b><br><b>US</b>  |  |  | Mailing Address<br><b>4373 ROCK ISLAND RD</b><br><b>LAUDERHILL FL 33319</b><br><b>US</b>  |  |  |
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country   |  | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country |   | 3. Date Incorporated or Qualified<br><b>11/05/1992</b><br>4. FEI Number<br><b>65-0393564</b><br>Applied For<br>Not Applicable<br>5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b><br>6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |
| 9. Name and Address of Current Registered Agent<br><b>FLUEHR, CHRISTOPHER J.</b><br><b>4373 ROCK ISLAND ROAD</b><br><b>TAMARAC FL 33319</b>   |  |  | 10. Name and Address of New Registered Agent<br>81 Name <b>JOHN TIGHT LILLIAN KAUFMAN</b><br>82 Street Address (P.O. Box Number is Not Acceptable) <b>4373 ROCK ISLAND RD</b><br>83 City <b>LAUDERHILL</b> <b>FL</b> 85 Zip Code <b>33319</b> |  |  |
| 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, 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 617.0503, Florida Statutes.<br>SIGNATURE <i>Lillian Kaufman</i> DATE <b>3/29/99</b><br><small>(NOTE: Registered Agent signature required when reappointing)</small> |  |  |   |  |  |
| 12. OFFICERS AND DIRECTORS  |  |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |  |  |
| TITLE <b>VD</b> <input type="checkbox"/> DELETE<br>NAME <b>STEVENS, BOB</b><br>STREET ADDRESS <b>7470 TRENT DR</b><br>CITY-ST-ZIP <b>TAMARAC FL 33321</b>   |  |  | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP  |  |  |
| TITLE <b>VD</b> <input type="checkbox"/> DELETE<br>NAME <b>VAN DAGNA, GERARD</b><br>STREET ADDRESS <b>7852 TRENT DR</b><br>CITY-ST-ZIP <b>TAMARAC FL</b>  |  |  | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP  |  |  |
| TITLE <b>STD</b> <input type="checkbox"/> DELETE<br>NAME <b>KAUFMAN, LILLIAN</b><br>STREET ADDRESS <b>7838 TRENT DRIVE</b><br>CITY-ST-ZIP <b>TAMARAC FL</b>   |  |  | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP  |  |  |
| TITLE <input type="checkbox"/> DELETE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |  | 4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>4.2 NAME <b>PD FISHBACK, GERALD J.</b><br>4.3 STREET ADDRESS <b>7645 TRENT DR. BLDG @</b><br>4.4 CITY-ST-ZIP <b>TAMARAC, FL 33321</b>               |  |  |
| TITLE <input type="checkbox"/> DELETE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |  | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP  |  |  |
| TITLE <input type="checkbox"/> DELETE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |  | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP  |  |  |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE OF SIGNED OFFICER OR DIRECTOR

*GERALD J. FISHBACK*  
**2/12/99** (954) 720-9441  
 Date Daytime Phone #

CR2E037 (11/98)