

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N92000000150

1. Entity Name
TRENT NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business
**4373 ROCK ISLAND ROAD
LAUDERHILL, FL 33319 US**

Mailing Address
**4373 ROCK ISLAND RD
LAUDERHILL, FL 33319 US**

FILED
Apr 21, 2005 08:00 AM
Secretary of State



04172005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0393564	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KAUFMAN, LILLIAN
4373 ROCK ISLAND RD
LAUDERHILL, FL 33319**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	STEVENS, BOB
STREET ADDRESS	7470 TRENT DR
CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	PD
NAME	VAN DAGNA, GERARD
STREET ADDRESS	7652 TRENT DR
CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	SD
NAME	KAUFMAN, LILLIAN
STREET ADDRESS	7838 TRENT DRIVE
CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	VD
NAME	GAMSEN, IRWIN
STREET ADDRESS	7506 TRENT DRIVE
CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	TD
NAME	ISAACS, JERRY
STREET ADDRESS	7724 TRENT DRIVE
CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000320764
04/21/05-80051-018 61.25

**DO NOT WRITE
IN THIS SPACE**

12. 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 19, 2005

Date

Daytime Phone #

954-739-1670