

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra D. Morrison
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR 16 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000002207 (9)

1. Corporation Name

TRENT CONDOMINIUM B ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: 7600 NOB-HILL RD. TAMARAC FL 33321
Mailing Address: TRENT CONDO B ASSOC. INC., % GOLDMAN & JUDA, PA 771 W OAKLAND PARK BLVD #201 FT LAUDERDALE FL 33351 US

3. Date Incorporated or Qualified 05/13/1993	3a. Date of Last Report 04/05/1994
4. FEI Number 65-0418607	Applied For 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
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	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

9. Name and Address of Current Registered Agent NAME CHANGED (ONLY) SAME PERSON GORELICK, PHYLLIS 7613 TRENT DR TAMARAC FL 33321	10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 Zip Code
GOLDENBERG, PHYLLIS 7613 TRENT DR. TAMARAC FL. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHBACK, GERALD J	1.2 NAME	
STREET ADDRESS	7645 TRENT DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIALE, EDWARD	2.2 NAME	
STREET ADDRESS	7601 TRENT DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	2.4 CITY-ST-ZIP	
TITLE	DV	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVENBERG, FRED	3.2 NAME	DV FRANKEL, NORMAN
STREET ADDRESS	7625 TRENT DR	3.3 STREET ADDRESS	7609 TRENT DR.
CITY-ST-ZIP	TAMARAC FL	3.4 CITY-ST-ZIP	TAMARAC FL 33321
TITLE	SD SAME PERSON, NAME CHANGED (ONLY)	4.1 TITLE	SD SAME PERSON, NAME CHANGED (ONLY) <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORELICK, PHYLLIS	4.2 NAME	GOLDENBERG, PHYLLIS
STREET ADDRESS	7613 TRENT DR	4.3 STREET ADDRESS	7613 TRENT DR
CITY-ST-ZIP	TAMARAC FL	4.4 CITY-ST-ZIP	TAMARAC FL 33321
TITLE	TD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUKENICK, ROZ	5.2 NAME	
STREET ADDRESS	7659 TRENT DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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 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 017, 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 President 3/13/95 305 722-9401
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
GERALD J. FISHBACK - PRESIDENT