

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N93000002207 (9)

1. Corporation Name

TRENT CONDOMINIUM B ASSOCIATION, INC.



Principal Place of Business

Mailing Address

7601-7663 TRENT DR  
 TAMARAC FL 33321

% GOLDMAN & JUDA, PA  
 7771 W OAKLAND PARK BLVD #201  
 FT LAUDERDALE FL 33351  
 US

3. Date Incorporated or Qualified  
 05/13/1993

3a. Date of Last Report  
 03/16/1995

2. Principal Place of Business

29. Mailing Address

21 Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number  
 65-0418607

Applied For  
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

21 26 VMWI - BROWARD, INC.

22 27 4373 Rock Island RD

23 28 LAUDERHILL, FL.

24 29 33319 30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOLDENBERG, PHYLLIS  
 7613 TRENT DR  
 TAMARAC FL 33321

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City FL 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, 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FISHBACK, GERALD J	
STREET ADDRESS	7645 TRENT DR	
CITY-ST-ZIP	TAMARAC FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	BIALE, EDWARD	
STREET ADDRESS	7601 TRENT DR	
CITY-ST-ZIP	TAMARAC FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	FRANKEL, NORMAN	
STREET ADDRESS	7609 TRENT DR	
CITY-ST-ZIP	TAMARAC FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GOLDENBERG, PHYLLIS	
STREET ADDRESS	7613 TRENT DR	
CITY-ST-ZIP	TAMARAC FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SURENICK, ROZ	
STREET ADDRESS	7659 TRENT DR	
CITY-ST-ZIP	TAMARAC FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DV PREFFER, SAM
3.3 STREET ADDRESS	7651 TRENT DR.
3.4 CITY-ST-ZIP	TAMARAC, FL. 33321
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	TD SACHS, MARCIA
5.3 STREET ADDRESS	7623 TRENT DR.
5.4 CITY-ST-ZIP	TAMARAC, FL. 33321
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GERALD J. FISHBACK PD

6/29/96 (954)720-9441