

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N93000002207 (9)**  
1. Corporation Name  
**TRENT CONDOMINIUM B ASSOCIATION, INC.**



Principal Place of Business <b>4373 ROCK ISLAND RD LAUDERHILL FL 33319 US</b>	Mailing Address <b>4373 ROCK ISLAND RD LAUDERHILL FL 33319 US</b>
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3. Date Incorporated or Qualified  
**05/13/1993**

4. FEI Number <b>65-0418607</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
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6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

City & State <b>23</b>	City & State <b>28</b>
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7. Is this nonprofit corporation a homeowners association?  
 Yes  No

Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>
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8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**GOLDENBERG, PHYLLIS  
7613 TRENT DR  
TAMARAC FL 33321**

10. Name and Address of New Registered Agent  
**81 Name: FLUEHR, CHRISTOPHER J.  
82 Street Address (P.O. Box Number is Not Acceptable):  
83 4373 ROCK ISLAND ROAD  
84 City: LAUDERHILL, FL 85 Zip Code: 33319**

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.  
*Christopher J. Fluehr* 1/6/98  
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PD FISHBACK, GERALD J</b>	1.2 NAME	
STREET ADDRESS	<b>7645 TRENT DR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMARAC FL</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DV BIALE, EDWARD</b>	2.2 NAME	
STREET ADDRESS	<b>7601 TRENT DR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMARAC FL</b>	2.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DV PFEFFER, SAM</b>	3.2 NAME	
STREET ADDRESS	<b>7651 TRENT DR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMARAC FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SD GOLDENBERG, PHYLLIS</b>	4.2 NAME	<b>SD LEVENBERG, AUGUSTA</b>
STREET ADDRESS	<b>7613 TRENT DR</b>	4.3 STREET ADDRESS	<b>4625 TRENT DRIVE</b>
CITY-ST-ZIP	<b>TAMARAC FL</b>	4.4 CITY-ST-ZIP	<b>TAMARAC, FL 33321</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TD FRANKEL, NORMAN</b>	5.2 NAME	<b>D FRANKEL, NORMAN</b>
STREET ADDRESS	<b>7609 TRENT DR</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMARAC FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>TD RACHLIN, GEORGE</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>7649 TRENT DR.</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>TAMARAC, FL 33321</b>

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.

SIGNATURE: *Gerald J. Fishback* President 3/14/98 954-720-9441

CR2E037 (10/97)