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Secretary of State

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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N93000002207

1. Corporation Name
TRENT CONDOMINIUM B ASSOCIATION, INC.

Principal Place of Business Mailing Address
 4373 ROCK ISLAND RD 4373 ROCK ISLAND RD
 LAUDERHILL FL 33319 LAUDERHILL FL 33319
 US US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/13/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0418607	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		30	
25		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FLUEHR, CHRISTOPHER J. 4373 ROCK ISLAND ROAD LAUDERHILL FL 33319				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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: PHYLLIS GOLDENBERG - Phyllis Goldenberg / 2/12/99

(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	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	<input type="checkbox"/> DELETE	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	TD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	RACHLIN, GEORGE		3.2 NAME				
STREET ADDRESS	7649 TRENT DRIVE		3.3 STREET ADDRESS				
CITY-ST-ZIP	TAMARAC FL 33321		3.4 CITY-ST-ZIP				
TITLE	SD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition		
NAME	LEVENBERG, AUGUSTA		4.2 NAME				
STREET ADDRESS	7625 TRENT DRIVE		4.3 STREET ADDRESS				
CITY-ST-ZIP	TAMARAC FL 33321		4.4 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition		
NAME	FRANKEL, NORMAN		5.2 NAME				
STREET ADDRESS	7609 TRENT DR		5.3 STREET ADDRESS				
CITY-ST-ZIP	TAMARAC FL		5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	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 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: GERALD J. FISHBACK / 2/12/99 (954) 730-9444

CR2E037 (11/98)