


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90313 007 ****61.25

DOCUMENT # N93000002207					
1. Entity Name TRENT CONDOMINIUM B ASSOCIATION, INC.					
Principal Place of Business 4373 ROCK ISLAND RD LAUDERHILL, FL 33319 US		Mailing Address 4373 ROCK ISLAND RD LAUDERHILL, FL 33319 US		14070134 20869	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		04152004 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number 65-0418607	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOLDENBERG, PHYLLIS % MWI/CAMPBELL 4373 ROCK ISLAND RD LAUDERHILL, FL 33319			7. Name and Address of New Registered Agent Name AGUSTA LEVENBERG Street Address (P.O. Box Number is Not Acceptable) c/o MWI/CAMPBELL 4373 ROCK ISLAND ROAD City LAUDERHILL FL 33319		
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 AGUSTA LEVENBERG, SECRETARY <i>Agusta Levenberg</i> 4/27/04 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, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD	FISHBACK, GERALD J	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7645 TRENT DR		NAME		
STREET ADDRESS	TAMARAC, FL		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE VD	RACHLIN, GEORGE	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7649 TRENT DRIVE		NAME		
STREET ADDRESS	TAMARAC, FL 33321		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE SD	GOLDENBERG, PHYLLIS A	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	7613 TRENT DR		NAME	AGUSTA LEVENBERG	
STREET ADDRESS	TAMARAC, FL 33321		STREET ADDRESS	7625 TRENT DR	
CITY-ST-ZIP			CITY-ST-ZIP	TAMARAC FL 33321	
TITLE TD	PREFFER, SAM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7651 TRENT DR		NAME		
STREET ADDRESS	TAMARAC, FL 33321		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE VP	FRANKEL, NORMAN	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7609 TRENT DR		NAME	NORMAN FRANKEL	
STREET ADDRESS	TAMARAC, FL 33321		STREET ADDRESS	7609 TRENT DR	
CITY-ST-ZIP			CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE		<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	AROLD, MFRAD	
STREET ADDRESS			STREET ADDRESS	7603 TRENT DR	
CITY-ST-ZIP			CITY-ST-ZIP	TAMARAC, FL 33321	
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: <i>Norman Frankel, President</i>			Date: 4/27/04		Daytime Phone #: (954)721-0023
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

NORMAN FRANKEL, PRESIDENT