


2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90228 036 \*\*\*\*61.25

**DOCUMENT # N9300002207**

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**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

04212005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**65-0418607**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LEVENBER, AGUSTA  
C/O MWI/CAMPBELL  
4373 ROCK ISLAND RD.  
LAUDERHILL, FL 33319**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

|                |                    |  |
|----------------|--------------------|--|
| TITLE          | VD                 | <input type="checkbox"/> Delete            |
| NAME           | RACHLIN, GEORGE    |  |
| STREET ADDRESS | 7649 TRENT DRIVE   |  |
| CITY-ST-ZIP    | TAMARAC, FL 33321  |  |
| TITLE          | SD                 | <input checked="" type="checkbox"/> Delete |
| NAME           | LEVENBERG, AUGUSTA |  |
| STREET ADDRESS | 7625 TRENT DR.     |  |
| CITY-ST-ZIP    | TAMARAC, FL 33321  |  |
| TITLE          | TD                 | <input type="checkbox"/> Delete            |
| NAME           | PREFER, SAM        |  |
| STREET ADDRESS | 7651 TRENT DR      |  |
| CITY-ST-ZIP    | TAMARAC, FL 33321  |  |
| TITLE          | PD                 | <input checked="" type="checkbox"/> Delete |
| NAME           | FRNAKEL, NORMAN    |  |
| STREET ADDRESS | 7609 TRENT DR.     |  |
| CITY-ST-ZIP    | TAMARAC, FL 33321  |  |
| TITLE          | VP                 | <input checked="" type="checkbox"/> Delete |
| NAME           | ARNOLD, ALFRED     |  |
| STREET ADDRESS | 7603 TRENT DR.     |  |
| CITY-ST-ZIP    | TAMARAC, FL 33321  |  |
| TITLE          |                    | <input type="checkbox"/> Delete            |
| NAME           |                    |  |
| STREET ADDRESS |                    |  |
| CITY-ST-ZIP    |                    |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                   |  |
|----------------|-------------------|--|
| TITLE          |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                   |  |
| STREET ADDRESS |                   |  |
| CITY-ST-ZIP    |                   |  |
| TITLE          | SD                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | HABID, LORRAINE   |  |
| STREET ADDRESS | 7607 TRENT DRIVE  |  |
| CITY-ST-ZIP    | TAMARAC, FL 33321 |  |
| TITLE          |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                   |  |
| STREET ADDRESS |                   |  |
| CITY-ST-ZIP    |                   |  |
| TITLE          | PD                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | PREFER, SAM       |  |
| STREET ADDRESS |                   |  |
| CITY-ST-ZIP    |                   |  |
| TITLE          |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                   |  |
| STREET ADDRESS |                   |  |
| CITY-ST-ZIP    |                   |  |

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: *Sam Preffer* **SAM PREFFER**

DATE: *4/29/05* DATE: \_\_\_\_\_

DAYTIME PHONE #: *954 720 4318* DAYTIME PHONE # \_\_\_\_\_