


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 10, 2006 8:00 am**  
**Secretary of State**

05-10-2006 90093 009 \*\*\*\*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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
City & State		4. FEI Number 65-0418607	
Applied For		Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LEVENBER, AGUSTA C/O MW/CAMPBELL 4373 ROCK ISLAND RD. LAUDERHILL, FL 33319		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2006		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	VD <input checked="" type="checkbox"/> Delete	TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RACHLIN, GEORGE	NAME	MOSKEY, FRANK
STREET ADDRESS	7649 TRENT DRIVE	STREET ADDRESS	7607 trent drive, TAMARAC
CITY-ST-ZIP	TAMARAC, FL 33321	CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARID, LORRAINE	NAME	FRANKEL, NORMAN
STREET ADDRESS	7607 TRENT DR	STREET ADDRESS	7609 TRENT DRIVE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33321	CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	TD <input type="checkbox"/> Delete	TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PREFFER, SAM	NAME	FISHBACK, RHODA
STREET ADDRESS	7651 TRENT DR	STREET ADDRESS	7645 trent drive
CITY-ST-ZIP	TAMARAC, FL 33321	CITY-ST-ZIP	tamarac, fl 33321
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PREPPER, SAM	NAME	BARAD, MORTON
STREET ADDRESS	7609 TRENT DR.	STREET ADDRESS	7621 TRENT DRIVE
CITY-ST-ZIP	TAMARAC, FL 33321	CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>Frank Moskey (FRANK MOSKEY)</i>		PRES. 5/3/06 954-721-6915	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	