


2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N93000004549
1. Entity Name
TRENT CONDOMINIUM C ASSOCIATION, INC.



Principal Place of Business
4373 ROCK ISLAND ROAD
LAUDERHILL, FL 33319 US

Mailing Address
4373 ROCK ISLAND ROAD
LAUDERHILL, FL 33319 US



DO NOT WRITE IN THIS SPACE

04152005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0439797

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

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

ABRAMSON, MILDRED
C/O MWI/CAMPBELL
4373 ROCK ISLAND RD.
LAUDERHILL, FL 33319

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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**

U00000355451
05/03/05-80148-011 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROTHSTEIN, BERNICE 7466 TRENT DR TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEVENS, BOB 7470 TRENT DRIVE TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ABRAMSON, MILDRED 7484 TRENT DR TAMARAC, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SINGER, SAM 7490 TRENT DR TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD REID, SEYMOUR 7400 TRENT DR TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: [Signature] President Date: 4/28/05 (904) 724-9276

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #