


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

**FILED**  
**Apr 20, 2006 08:00 AM**  
**Secretary of State**

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



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

**DO NOT WRITE IN THIS SPACE**



01262006 No Chg-NP CRZE037 (11/05)

4. FEI Number <b>65-0439797</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

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

U00000522613  
 05/03/06-80037-011 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 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: *Bob Stevens*      4/17/06      954-739-1600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #