


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90029 014 ****61.25

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01232008 Chg-NP CR2E037 (12/06)	
Zip	Country	Zip	Country	4. FEI Number 65-0439797	Applied For <input type="checkbox"/> 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	
ABRAMSON, MILDRED C/O MWI/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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SADOWITZ, CORY			NAME	
STREET ADDRESS	7418 TRENT DR			STREET ADDRESS	
CITY-ST-ZIP	TAMARAC, FL 33321			CITY-ST-ZIP	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVENS, BOB			NAME	
STREET ADDRESS	7470 TRENT DRIVE			STREET ADDRESS	
CITY-ST-ZIP	TAMARAC, FL 33321			CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABRAMSON, MILDRED			NAME	
STREET ADDRESS	7484 TRENT DR			STREET ADDRESS	
CITY-ST-ZIP	TAMARAC, FL			CITY-ST-ZIP	
TITLE	VD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINGER, BERNICE			NAME	
STREET ADDRESS	7490 TRENT DR			STREET ADDRESS	
CITY-ST-ZIP	TAMARAC, FL 33321			CITY-ST-ZIP	
TITLE	VD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAMOND, DEENA			NAME	
STREET ADDRESS	7472 TRENT DR			STREET ADDRESS	
CITY-ST-ZIP	TAMARAC, FL 33321			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: <u>Robert Stevens, PRES</u>				Date: <u>2/16/08</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	