


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90943 021 ****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
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0439797** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ABRAMSON, MILDRED
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 _____

FILE NOW: FEE IS \$61.25

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	TD	<input type="checkbox"/> Delete
NAME	ROTHSTEIN, BERNICE	
STREET ADDRESS	7466 TRENT DR	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	PD	<input type="checkbox"/> Delete
NAME	STEVENS, BOB	
STREET ADDRESS	7470 TRENT DRIVE	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ABRAMSON, MILDRED	
STREET ADDRESS	7484 TRENT DR	
CITY-ST-ZIP	TAMARAC FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SINGER, SAM	
STREET ADDRESS	7490 TRENT DR	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	VD	<input type="checkbox"/> Delete
NAME	REID, SEYMOUR	
STREET ADDRESS	7400 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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: *SIGNATURE REQUIRED* **Bob Stevens, President** 954 239-1600

CR2E037 (10/02)