

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N94000001218 (6)**

1. Corporation Name

**TRENT CONDOMINIUM H ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

7600 NOB HILL RD.  
TAMARAC FL 33321

700 N.W. 107TH AVE.  
MIAMI FL 33172

3. Date Incorporated or Qualified  
**03/10/1994**

3a. Date of Last Report  
**04/04/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**65-0531652**

Applied For

Not Applicable

22

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

23

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

24

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~WATSKY, MORRIS J  
700 N.W. 107TH AVE.  
MIAMI FL 33172~~

81

Name **CHRISTOPHER J. FLUEHR**

82

Street Address (P.O. Box Number Is Not Acceptable)  
**3500 GATEWAY DR. #202**

83

84

**POMPANO BEACH FL 33069**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	RIEFS, MARTIN L	
STREET ADDRESS	7600 NOB HILL RD.	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	SCHRAGER, MARLENE	
STREET ADDRESS	7600 NOB HILL RD.	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	PESONE, SUE	
STREET ADDRESS	7600 NOB HILL RD.	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	KAUFMAN, LILLIAN	
1.3 STREET ADDRESS	7838 TRENT DR.	
1.4 CITY-ST-ZIP	TAMARAC, FL. 33321	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	FELDMAN, HARRY	
2.3 STREET ADDRESS	7826 TRENT DR.	
2.4 CITY-ST-ZIP	TAMARAC, FL. 33321	
3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DAVIS, ANITA	
3.3 STREET ADDRESS	7888 TRENT DR.	
3.4 CITY-ST-ZIP	TAMARAC, FL. 33321	
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	HAUSTHOR, SEYMOUR	
4.3 STREET ADDRESS	7840 TRENT DR.	
4.4 CITY-ST-ZIP	TAMARAC, FL. 33321	
5.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	FOX, RON	
5.3 STREET ADDRESS	7880 TRENT DR.	
5.4 CITY-ST-ZIP	TAMARAC, FL. 33321	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Lillian Kaufman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/23/96*  
Date

*724-0438*  
Daytime Phone #

CR2E037 (12/95)