

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90009 031 ****61.25

DOCUMENT # N94000001218

1. Entity Name

TRENT CONDOMINIUM H ASSOCIATION, INC.

Principal Place of Business

4373 ROCK ISLAND RD
 LAUDERHILL FL 33319
 US

Mailing Address

700 N.W. 107TH AVE.
 MIAMI FL 33172-3161



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

3. Mailing Address

4373 ROCK ISLAND RD

Suite, Apt. #, etc.

LAUDERHILL, FL

Zip 33319

Country USA

4. FEI Number

65-0531652

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAUSTHOR, HARRIET
 HAWTHORNE, HARRIET
 7840 TRENT DR
 TAMARAC FL 33321

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.

SIGNATURE

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

(NOTE: Registered agent signature required when reinstating)

1/30/2000
 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 Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	KAUFMAN, LILLIAN	
STREET ADDRESS	7838 TRENT DR.	
CITY-ST-ZIP	TAMARAC FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KEZNER, MAC	
STREET ADDRESS	7870 TRENT DR.	
CITY-ST-ZIP	TAMARAC FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WARNER, GLADYS	
STREET ADDRESS	7884 TRENT DR	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HAWTHORNE, HARRIET	
STREET ADDRESS	7840 TRENT DR	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	FOX, RON	
STREET ADDRESS	7880 TRENT DR.	
CITY-ST-ZIP	TAMARAC FL	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD HAUSTHOR, HARRIET	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7840 TRENT DR.	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOX, NORMA	
STREET ADDRESS	7880 TRENT DR.	
CITY-ST-ZIP	TAMARAC, FL 33321	
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:

Hannel Haustray
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/2000
 DATE

Daytime Phone #

CR2E037 (9/99)