


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2006 8:00 am
Secretary of State

04-18-2006 90069 004 ****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 4373 ROCK ISLAND RD LAUDERHILL, FL 33319		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HAUSTHOR, HARRIET 7840 TRENT DR TAMARAC, FL 33321				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 reappointing)</small> _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		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	PD	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Addition
NAME	KAUFMAN, LILLIAN		NAME	Cogan Charlotte	
STREET ADDRESS	7838 TRENT DR.		STREET ADDRESS	7906 Trent Drive	
CITY-ST-ZIP	TAMARAC, FL		CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEZNER, MAC		NAME	Penofsky, Sandra	
STREET ADDRESS	7870 TRENT DR.		STREET ADDRESS	7908 Trent Drive	
CITY-ST-ZIP	TAMARAC, FL		CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAUSTHOR, HARRIET		NAME	Bbyne, Mildred	
STREET ADDRESS	7840 TRENT DR		STREET ADDRESS	7826 Trent Drive	
CITY-ST-ZIP	TAMARAC, FL 33321		CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUSTHAUS, SHEILA		NAME		
STREET ADDRESS	7828 TRENT DR.		STREET ADDRESS		
CITY-ST-ZIP	TAMARAC, FL 33321		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOX, NORMA		NAME		
STREET ADDRESS	7880 TRENT DRIVE		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>Charlotte Cogan, President 5/1/06 954-739-1600</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> _____ <small>Office</small> _____ <small>Daytime Phone #</small> _____					

66015557



01262006 Chg-NP CR2E037 (11/05)

4. FEI Number
65-0531652 Applied For
Not Applicable

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

FL Zip Code

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

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		
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TITLE	VD	<input type="checkbox"/> Delete
NAME	KEZNER, MAC	
STREET ADDRESS	7870 TRENT DR.	
CITY-ST-ZIP	TAMARAC, FL	
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CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	FOX, NORMA	
STREET ADDRESS	7880 TRENT DRIVE	
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	P	<input checked="" type="checkbox"/> Addition
NAME	Cogan Charlotte	
STREET ADDRESS	7906 Trent Drive	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Penofsky, Sandra	
STREET ADDRESS	7908 Trent Drive	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bbyne, Mildred	
STREET ADDRESS	7826 Trent Drive	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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SIGNATURE: Charlotte Cogan, President 5/1/06 954-739-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Office _____ Daytime Phone # _____