## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 19, 2008 8:00 am Secretary of State 02-19-2008 90025 027 \*\*\*\*61.25

DOCUMENT # N9400001218  1. Entity Name TRENT CONDOMINIUM H ASSOCIATION, INC.							02-19-200	_	27 ****61	.25
Principal Place of Business 4373 ROCK ISLAND RD LAUDERDILL, FL 33319 US  Mailing Address 4373 ROCK ISLAND RD LAUDERHILL, FL 33319						'3 ° 7		<b>                                    </b>	H <b>d i 8</b> 11 <b>0 d</b> 2 41 <b>0 d</b> 1 1 1	#   <b>               </b>
Principal Place of Business - No P.O. Box #     Mailing Address										
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				01232008	Chg-NP	CR2E	37 (12/06)	
City & State		City & State				4. FEI Numbe 65-053	652			pplied For ot Applicable
Zip	Country	Zip Co		untry					\$8.75 Ad Fee Require	
	6. Name and Address of Current	Registered Agent				7. Name and	Address of Ne	w Registered	Agent	
HAUSTHO	OR HARRIET			Name						
HAUSTHOR, HARRIET 7840 TRENT DR TAMARAC, FL 33321				Street Add	idress (P	P.O. Box Numbe	r is Not Accept	able)		
				<u> </u>						
			City		FL Zip Code					
	named entity submits this statement for tions of registered agent.	or the purpose of changing i	ts register	ed office or r	registere	ed agent, or bot	a, in the State o	of Florida. I am	familiar with,	and accept
SIGNATURE:										
l .	Signature, typed or printed name of registered agent	and title if applicable. (NC	OTE: Registere	d Agent signature	re required v	when reinstating)		DATE	· ** , ** , ** , **	the street
	Signature, typed or printed name of registered agent	and little if applicable. (NO					,		k payable t	
			ampaign F	inancing _		\$5.00 May Be Added to Fees	,			to i
10.	Filing Fee Is \$61.25 Due by May 1, 2008 OFFICERS AND DI	9. Election Ca Trust Fund	ampaign F I Contributi	Financing fon.				Make chec Florida Depa	rtment of S	tate
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR SPECTOR

CHARLOTTE