

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAR 23 PM 12:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N94000001433 (1)

1. Corporation Name

TRENT CONDOMINIUM F ASSOCIATION, INC.

Principal Place of Business

7600 NOB HILL RD.  
TAMARAC FL 33321

Mailing Address

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/22/1994

3a. Date of Last Report

4. FEI Number

65-0479868

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

7. Nonprofit with IRS 501(c)(3)

☐

\$68.75 Supplemental  
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

ISRAEL SOL GLASSMAN

82 Street Address (P.O. Box Number is Not Acceptable)

7733 TRENT DR.

83

84 City

TAMARAC

FL

85 Zip Code

33321

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

*Israel Sol Glassman*

ISRAEL SOL GLASSMAN

2/8/95

(Signature, typed or printed name of registered agent, and if applicable, (NOTE: Registered Agent signature required when resigning))

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DP

RIEFS, MARTIN L

7600 NOB HILL RD.

TAMARAC FL 33321

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DV

SCHRAGER, MARLENE

7600 NOB HILL RD.

TAMARAC FL 33321

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DST

PEDONE, SUE

7600 NOB HILL RD.

TAMARAC FL 33321

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

DIP

GILMAN, ETTIE

7803 TRENT DR.

TAMARAC, FL 33321

☒ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

DV

CRESPI, MARILYN

7705 TRENT DR.

TAMARAC, FL 33321

☒ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

D/S

GLASSMAN, ISRAEL SOL

7733 TRENT DR

TAMARAC, FL 33321

☒ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

D/T

ZELKOWITZ, LEONARD

7799 TRENT DR.

TAMARAC, FL 33321

☒ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

D/D

COHEN, LIBBY

7753 TRENT DR.

TAMARAC, FL 33321

☐ Change ☒ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Ettie Gilman*  
SIGNATURE AND TYPE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ETTIE GILMAN

2/8/95

Date

726-6356

Daytime Phone #