FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION . ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # N9400003145 (9)

TRENT CONDOMINIUM E ASSOCIATION, INC.

Principal Place of Business Mailing Address					
3500 GATEWAY DRIVE 202		3500 GATEWAY DRIVE 202			
	EACH FL 33069	POMPANO BEACH F	FL 33069	Date Incorporated or Qualified	3a. Date of Last Report
υ\$		us		06/24/1994	04/27/1995
2. Principal Pk	nce of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0532037	Not Applicable
Suite, Apt. 4	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		Oity & State		6. Flection Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Z _i p	Country	Zip	Country	8. This corporation has liability for	
24	25	29	30]	Florida Statutes 10. Name and Address of New I	Yes No
	Name and Address of Curre	ent Hegistered Agent	81 Name/	10. Name and Address of New I	Figure 44 o
			CH	CISTOPHER -1.	PLUEHR
	an, davið		82 Syrect Adi	dress (P.O. Box Number is Not Accepta	かずったっ
-	NENT D'RIVE		83	C GAIEWAY L	K. XUS
TAMARA	DE FL 33321		63	,	
, /			84 PCM	PANO BEACH	FL 85 Zip Code 69
11. Pursuant t	to the provisions of Sections 617.050	12 and 617.1508, Florida Stal	utes, the above named corporation's bo	oration submits this statement for the purel of directors. Thereby accept the appropriate	rpose of changing its registered office
tamiliar wit	th, and accept the obligations of Sec	vion 617.050%, Florida State	Fill 1	ard of directors. I hereby accept the app	
SIGNATURE	Multifile	C- 47	luki		126/96
	Signature, typed or printed name of represent age	tand tile nafficians.	(No.)*E. Regulered Agent sign directors		DAY
12.		ND DIRECTORS	13.	· · · · · · · · · · · · · · · · · · ·	FIGERS AND DIRECTORS IN 12 Change Addition
TITLE	- DP	□ D€LFT €		V	Change L Addition
NAME	SHAPIRO, HARRY B		1.2 NAME		
STREET ADDRESS	7678 TRENT DR		1.3 STREET ADDRESS		
CITY-S1-ZIP	TAMARAC FL	Floriti	1.4 CHY-S1-ZIP		☐ Change ☐ Addition
TITLE	DV	☐ DELETE	2 1 TITLE		Criange Addition
NAME	FINKELSTEIN, CLAIRER		2.2 NAME		
STREET ADOPESS	7698 TRENT DR		2.3 STREET ADDRESS		l
CHY-ST-ZIP	TAMARAC FL	DELFTE	2 4 CHY - S' - ZiP 3 1 Tale		Change Addition
TITLE	DS DAME DAME		3.2 NAME		
NAME OZOSZE LEDDOSOG	GOLDMAN, DAVID 7638 TRENT DR		3.3 STREET ACORESS		
STREET ADDRESS	TAMARAC FL		34 CITY-ST-ZIP		
C-TY-ST-ZIP TITLE	BY	DELETE			☐ Change ☐ Addition
NAME	van dagna, gerald		4 2 NAME	P	– v –
STREET ADDRESS	7652 TRENT DR		4.3 STREET ADDRESS	2000017	naona
CITY-ST-ZIP	TAMARAC FL		4.4 CITY - ST - ZIP	3000017 -04/01/3601	0303 N6029
TITLE	DT	DELETE	5 1 TITLE	***61.25	Change Addition
NAME	GREENFIELD, ARLINE		5 2 NAME		_ ,
STREET ADDRESS	7656 TRENT DR		5 3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL		5 4 CITY - ST - 7IP		
THUE	INHAINO I L	DELETE	61 TILLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREFT ADDRESS			63 STREET ADDRESS		
City, ST. 7iP			6.4 CiTY - ST - 7IP		

14. If do hereby certify that the information supplied with this filling 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:

SIGNATURE AND TREE OF PRINTY O NAME OF SIGNING OFFICER OF DIRECTOR

1/29/96

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