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Mar 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N94000003145 (9)

1. Corporation Name

TRENT CONDOMINIUM E ASSOCIATION, INC.



Principal Place of Business

MWI BROWARD, INC
3560 GATEWAY DRIVE
202
POPPANO BEACH FL 33069
US

Mailing Address

MWI BROWARD, INC
3560 GATEWAY DRIVE
202
POPPANO BEACH FL 33069-4870
US

3. Date Incorporated or Qualified
06/24/1994

3a. Date of Last Report
03/29/1996

2. Principal Place of Business

21 4373 ROCK ISLAND RD.
Suite, Apt. #, etc.

2a. Mailing Address

26 4373 ROCK ISLAND RD.
Suite, Apt. #, etc.

4. FEI Number

65-0532037

Applied For

Not Applicable

22 City & State

23 LAUDERHILL, FL
Zip Country

27 City & State

28 LAUDERHILL, FL
Zip Country

5. Certificate of Status Desired

8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

5.00 May Be Added to Fees

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

Yes No

9. Name and Address of Current Registered Agent

FLUEHR, CHRISTOPHER
3560 GATEWAY DRIVE #202
POPPANO BEACH FL 33069

10. Name and Address of New Registered Agent

81 Name SAME
82 Street Address (P.O. Box Number is Not Acceptable)
4373 ROCK ISLAND ROAD
83
84 City LAUDERHILL, FL 85 Zip Code 33319

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Christopher J. Fluehr

(NOTE Registered Agent signature required when reinstating)

DATE

1/23/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	SHAPIRO, HARRY B	
STREET ADDRESS	7678 TRENT DR	
CITY - ST - ZIP	TAMARAC FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	FINKELSTEIN, CLAIRE	
STREET ADDRESS	7698 TRENT DR	
CITY - ST - ZIP	TAMARAC FL	
TITLE	DD	<input type="checkbox"/> DELETE
NAME	GOLDMAN, DAVID	
STREET ADDRESS	7638 TRENT DR	
CITY - ST - ZIP	TAMARAC FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	VAN DAGNA, GERALD	
STREET ADDRESS	7652 TRENT DR	
CITY - ST - ZIP	TAMARAC FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	GREENFIELD, ARLINE	
STREET ADDRESS	7656 TRENT DR	
CITY - ST - ZIP	TAMARAC FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ROSEN, OSCAR	
1.3 STREET ADDRESS	7650 TRENT DR.	
1.4 CITY - ST - ZIP	TAMARAC, FL.	
2.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MCCATHY, ARTHUR	
2.3 STREET ADDRESS	7670 TRENT DR.	
2.4 CITY - ST - ZIP	TAMARAC, FL.	
3.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	GERBER, MAXINE	
5.3 STREET ADDRESS	7672 TRENT DR	
5.4 CITY - ST - ZIP	TAMARAC, FL.	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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 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:

Jerry Van Dagna, JERRY VAN DAGNA, PRES

Date Daytime Phone # 0025911

CFR2037 (9/96)