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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N94000003145

1. Corporation Name
TRENT CONDOMINIUM E ASSOCIATION, INC.

Subb12 - 90046 - 6

Principal Place of Business 4373 ROCK ISLAND RD 202 LAUDERHILL FL 33319 US	Mailing Address 3500 GATEWAY DRIVE 202 POMPANO BEACH FL 33069 US
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2. Principal Place of Business 21	2a. Mailing Address 28	3. Date Incorporated or Qualified 06/24/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0532037
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Country 29	Country 30	Trust Fund Contribution <input type="checkbox"/>

9. Name and Address of Current Registered Agent

FLUEHR, CHRISTOPHER
 4373 ROCK ISLAND ROAD
 LAUDERHILL FL 33319

10. Name and Address of New Registered Agent

81 Name **Joan Goldman**
 82 Street Address (P.O. Box Number is Not Acceptable)
c/o MWI/Campbell
 83 **4373 Rock Island Rd.**
 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 *Joan Goldman* DATE **4-5-99**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	ROSEN, OSCAR	
STREET ADDRESS	7650 TRENT DR	
CITY-ST-ZIP	TAMARAC FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MCCARTHY, ARTHUR	
STREET ADDRESS	7670 TRENT DR	
CITY-ST-ZIP	TAMARAC FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GOLDMAN, JOAN	
STREET ADDRESS	7638 TRENT DR	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	VAN DAGNA, GERALD	
STREET ADDRESS	7652 TRENT DR	
CITY-ST-ZIP	TAMARAC FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GERBER, MAXINE	
STREET ADDRESS	7672 TRENT DR	
CITY-ST-ZIP	TAMARAC FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HERB RUBENSTEIN
2.3 STREET ADDRESS	7622 TRENT DRIVE
2.4 CITY-ST-ZIP	TAMARAC FL 33321
3.1 TITLE	<input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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, with all other like empowered.

SIGNATURE: *SIGNATURE REQUIRED, GERALD VAN DAGNA, 1/10/99, 954-763-4080*

CR2E037 (1/98)