## ZUUS NUT-FUR-PROFIT CURPURATION

## ANNUAL REPORT FILED **DOCUMENT # N94000003145** Apr 21, 2005 08:00 AM Secretary of State 1. Entity Name TRENT CONDOMINIUM E ASSOCIATION, INC. Principal Place of Business Mailing Address 4373 ROCK ISLAND RD 4373 ROCK ISLAND RD 202 FORT LAUDERDALE, FL 33319 LAUDERHILL, FL 33319 04172005 No Cha-NP CR2E037 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0532037 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GOLDMAN, JOAN DO NOT WRITE C/O MWI/CAMPBELL 4373 ROCK ISLAND RD IN THIS SPACE LAUDERHILL, FL 33319 8. The above named ontity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (NOTE Registered Agent alignature required whon reinstating) DATE Signature, typed or printed name of registered agent and title if applicable \$5.00 May Be 9. Election Campaign Financing Filing Fee is \$61.25 Trust Fund Contribution. Added to Fees Due by May 1, 2005 OFFICERS AND DIRECTORS 10. TITLE D NAME ROSEN, OSCAR STREET ADDRESS 7650 TRENT DR U00000320768 04/21/05-80051-020 61.25 CITY-ST-ZIP TAMARAC, FL SD TITLE NAME RUBENSTEIN, HERB STREET ADDRESS 7622 TRENT DR CITY-ST-ZIP TAMARAC, FL 33321 TITLE **VPTD** NAME GOLDMAN, JOAN STREET ADDRESS 7638 TRENT DR DO NOT WRITE CITY-ST-ZIP TAMARAC, FL 33321 IN THIS SPACE TITLE NAME VAN DAGNA, GERALD STREET ADDRESS 7652 TRENT DR CITY-ST-ZIP TAMARAC, FL TITLE D NAME GOLD, SY STREET ADDRESS 7688 TRENT DR CITY-ST-7IP TAMARAC, FL 33321

12. 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 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 the empowered.

SIGNATURE:

nne NAME STREET ADDRESS CITY-ST-ZIP

DIRECTOR

Daytime Phone #