


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N94000003145**

1. Entity Name  
 TRENT CONDOMINIUM E ASSOCIATION, INC.



Principal Place of Business  
 4373 ROCK ISLAND RD  
 202  
 LAUDERHILL, FL 33319 US

Mailing Address  
 4373 ROCK ISLAND RD  
 FORT LAUDERDALE, FL 33319 US



01262006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 65-0532037

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOLDMAN, JOAN  
 C/O MWI/CAMPBELL  
 4373 ROCK ISLAND RD  
 LAUDERHILL, FL 33319

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8. The above named entity 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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution,  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ROSEN, OSCAR
STREET ADDRESS	7650 TRENT DR
CITY - ST - ZIP	TAMARAC, FL
TITLE	SD
NAME	RUBENSTEIN, HERB
STREET ADDRESS	7622 TRENT DR
CITY - ST - ZIP	TAMARAC, FL 33321
TITLE	VPTD
NAME	GOLDMAN, JOAN
STREET ADDRESS	7638 TRENT DR
CITY - ST - ZIP	TAMARAC, FL 33321
TITLE	DP
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 - ZIP	TAMARAC, FL 33321
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000508380  
 04/28/06-80003-012. 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 like empowered.

SIGNATURE: Joan Goldman VP Date: 4/10/06 Daytime Phone #: 954-739-1600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR