

FILE NOW: FILING FEE AFTER MAY. 1 IS \$155.00

**APPROVED
AND
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95 MAY -1 PM 7:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 194000004194
1. Corporation Name
TRENT CONDOMINIUM G ASSOCIATION, INC.

Principal Place of Business Mailing Address
**3500 Gateway Dr., #202
Pompano Beach, FL. 33069**

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified **9-28-94** 3a. Date of Last Report

4. FEI Number **65-0525924** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

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

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

22 City & State 27 City & State

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

23 Zip Country 28 Zip Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

24 25 Country 29 30 Country

9. Name and Address of Current Registered Agent
**Morris Marks
7774 Trent Dr.
Tamarac, FL. 33321**

10. Name and Address of New Registered Agent
01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Morris Marks - Secy
Signature, typed in printed name of registered agent and this if applicable

April 20 95
Registered Agent signature required when resigning DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P/D** NAME **Victor A. Morse**
STREET ADDRESS **7778 Trent Dr.**
CITY-ST-ZIP **Tamarac, FL. 33321**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
300001485573
-05/12/95--01039--017
******130.00 ****130.00**

TITLE **V/D** NAME **Jerome Isaacs**
STREET ADDRESS **7724 Trent Dr.**
CITY-ST-ZIP **Tamarac, FL. 33321**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **V/D** NAME **George L. Jackman**
STREET ADDRESS **7732 Trent Dr.**
CITY-ST-ZIP **Tamarac, FL. 33321**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **S/D** NAME **Morris Marks**
STREET ADDRESS **7774 Trent Dr.**
CITY-ST-ZIP **Tamarac, FL. 33321**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **T/D** NAME **Beatrice Lipman**
STREET ADDRESS **7756 Trent Dr.**
CITY-ST-ZIP **Tamarac, FL. 33321**

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information included 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 life 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 the officer, or officer/attachment with an address.

SIGNATURE: Victor A. Morse - Pres
Name (Type in printed name of signing officer or director)

4/20/95 720-6913
Date (Type in Date)