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Feb 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000004194 (6)**

1. Corporation Name

TRENT CONDOMINIUM G ASSOCIATION, INC.



Principal Place of Business 9500 GATEWAY DR #202 POMPANO BEACH FL 33069	Mailing Address 9500 GATEWAY DR #202 POMPANO BEACH FL 33069-4870
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2. Principal Place of Business 21 4373 ROCK ISLAND RD. Suite, Apt. #, etc. 22 City & State 23 LAUDERHILL, FL Zip Country 24 33319 25 US	2a. Mailing Address 26 4373 ROCK ISLAND RD Suite, Apt. #, etc. 27 City & State 28 LAUDERHILL, FL Zip Country 29 33319 30 US
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3. Date Incorporated or Qualified 08/25/1994	3a. Date of Last Report 03/29/1996
4. FEI Number 65-0525924	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent FLUEHR, CHRISTOPHER 3500 GATEWAY DRIVE POMPANO BEACH FL 33069	
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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	
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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* DATE: *1/6/97*
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	MORSE, VICTOR A
STREET ADDRESS	7778 TRENT DR
CITY-ST-ZIP	TAMARAC FL 33321
TITLE	VD <input type="checkbox"/> DELETE
NAME	NATHANSON, MURRAY
STREET ADDRESS	7776 TRENT DR.
CITY-ST-ZIP	TAMARAC FL 33321
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	JACKMAN, GEORGE L
STREET ADDRESS	7732 TRENT DR
CITY-ST-ZIP	TAMARAC FL 33321
TITLE	SD <input type="checkbox"/> DELETE
NAME	MARKS, MORRIS
STREET ADDRESS	7774 TRENT DR
CITY-ST-ZIP	TAMARAC FL 33321
TITLE	TD <input type="checkbox"/> DELETE
NAME	SCHNEIDER, MURRAY
STREET ADDRESS	7804 TRENT DR.
CITY-ST-ZIP	TAMARAC FL 33321
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 type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VD JEROME ISAACS
3.3 STREET ADDRESS	7774 TRENT DR.
3.4 CITY-ST-ZIP	TAMARAC, FL 33321
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	TD SCHNEIDER, JESSICA R.
5.3 STREET ADDRESS	7804 TRENT DRIVE
5.4 CITY-ST-ZIP	TAMARAC, FLA 33321-8867
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 or on an attachment with an address.

SIGNATURE: *Victor A. Morse* **VICTOR A. MORSE** 2/18/97. 954-720-6913
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E037 (9/96)