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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 # N94000004194

1. Corporation Name

TRENT CONDOMINIUM G ASSOCIATION, INC.

Principal Place of Business

4373 ROCK ISLAND RD
 LAUDERHILL FL 33319
 US

Mailing Address

4373 ROCK ISLAND RD
 LAUDERHILL FL 33319
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country

30

3. Date Incorporated or Qualified

08/25/1994

4. FEI Number

65-0525924

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
 Added to Fees

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 ~~JOHN TIGHT~~ MORRIS MARKS
 82 Street Address (P.O. Box Number is Not Acceptable) 510 MW CAMPBELL
 4373 ROCK ISLAND RD
 83
 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 *Morris Marks*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

MORRIS MARKS Feb 16 99
 DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	MORSE, VICTOR A	
STREET ADDRESS	7778 TRENT DR	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ISAACS, JEROME	
STREET ADDRESS	7724 TRENT DR	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	TOPPER, NORMAN	
STREET ADDRESS	7774 TRENT DR	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SCHNEIDER, JESSICA R	
STREET ADDRESS	7804 TRENT DR	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	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 checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	33321
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SD MARKS, MORRIS
5.3 STREET ADDRESS	7774 TRENT DR.
5.4 CITY-ST-ZIP	TAMARAC, FL 33321
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**

02/17/99 954/7244319
 Date Daytime Phone #

CR2E037 (1/98)