


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

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90419 045 ****61.25

DOCUMENT # N94000004194				
1. Entity 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		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0525924
				Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
MARKS, MORRIS 4373 ROCK ISLAND ROAD C/O CAMPBELL/ MWI MGMT LAUDERHILL, FL 33319			Name	
			Street Address (P.O. Box Number is Not Acceptable)	
			City	
			FL	
		Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>				
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
				Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUBROW, DAVID		NAME	
STREET ADDRESS	7782 TRENT DR		STREET ADDRESS	
CITY-ST-ZIP	TAMARAC, FL 33321		CITY-ST-ZIP	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ISAACS, JEROME		NAME	
STREET ADDRESS	7724 TRENT DR		STREET ADDRESS	
CITY-ST-ZIP	TAMARAC, FL 33321		CITY-ST-ZIP	
TITLE	TDD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLF, GILDA		NAME	
STREET ADDRESS	7760 TRENT DR		STREET ADDRESS	
CITY-ST-ZIP	TAMARAC, FL 33321		CITY-ST-ZIP	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARKS, MORRIS		NAME	<i>V.P. Boniske, Ray</i>
STREET ADDRESS	7774 TRENT DR		STREET ADDRESS	<i>7806 Trent Drive</i>
CITY-ST-ZIP	TAMARAC, FL 33321		CITY-ST-ZIP	<i>Tamarac, FL 33321</i>
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNEIDER, JESSICA		NAME	
STREET ADDRESS	7604 TRENT DR		STREET ADDRESS	
CITY-ST-ZIP	TAMARAC, FL 33321		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
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: <i>Gilda Wolf</i>		<i>GILDA WOLF</i>		<i>4/13/06</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<i>954-739-1600</i>
				<small>Daytime Phone #</small>