

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N39463

**Entity Name:** TRENT CONDOMINIUM A ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O CONSOLIDATED COMMUNITY MANAGMENT, INC  
7124 N NOB HILL RD  
TAMARAC, FL 33321

**Current Mailing Address:**

C/O CONSOLIDATED COMMUNITY MANAGMENT, INC  
7124 N NOB HILL RD  
TAMARAC, FL 33321 US

**FEI Number:** 65-0461933

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

EISINGER, BROWN, LEWIS, FRANKEL & CHAIET, P.A  
4000 HOLLYWOOD BLVD  
SUITE 265-S HOLLYWOOD  
LAUDERHILL, FL 33021 US

*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.*

**SIGNATURE:** EISINGER BROWN

04/11/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MAGNOLNICK, ALVIN  
Address        C/O CONSOLIDATED COMMUNITY  
                  MANAGMENT, INC  
                  7124 N NOB HILL RD  
City-State-Zip: TAMARAC FL 33321

Title            DIRECTOR  
Name            GOLDSTEIN, ANNETTE  
Address        C/O CONSOLIDATED COMMUNITY  
                  MANAGMENT, INC  
                  7124 N NOB HILL RD  
City-State-Zip: TAMARAC FL 33321

Title            TREASURER, SECRETARY  
Name            STONE, KATHY  
Address        C/O CONSOLIDATED COMMUNITY  
                  MANAGMENT, INC  
                  7124 N NOB HILL RD  
City-State-Zip: TAMARAC FL 33321

Title            DIRECTOR  
Name            HORNSTEIN, SONYA  
Address        C/O CONSOLIDATED COMMUNITY  
                  MANAGMENT, INC  
                  7124 N NOB HILL RD  
City-State-Zip: TAMARAC FL 33321

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ALVIN MAGNOLNICK

**PRESIDENT**

04/11/2016

Electronic Signature of Signing Officer/Director Detail

Date