DOCUMENT# N9200000150

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: TRENT NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

8010 N. UNIVERSITY DRIVE TAMARAC, FL 33321

Current Mailing Address:

8010 N. UNIVERSITY DRIVE TAMARAC. FL 33321 US

FEI Number: 65-0393564

Name

Address

City-State-Zip:

Name and Address of Current Registered Agent:

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

DEANER, LAURIE

MANAGEMENT

C/O CAMPBELL PROPERTY

8010 N UNIVERSITY DR TAMARAC FL 33321

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: GREGORY R. EISINGER 03/02/2023 Date Electronic Signature of Registered Agent **Officer/Director Detail :** Title DIRECTOR Title SECRETARY Name FREED. HARRIET Name PENOFSKY, SANDRA Address C/O CAMPBELL PROPERTY Address C/O CAMPBELL PROPERTY MANAGEMENT MANAGEMENT 8010 N UNIVERSITY DR 8010 N UNIVERSITY DR TAMARAC FL 33321 TAMARAC FL 33321 City-State-Zip: City-State-Zip: Title VP Title TREASURER Name ZAUSNER, CORKY Name ARANA, ESTEBAN C/O CAMPBELL PROPERTY Address C/O CAMPBELL PROPERTY Address MANAGEMENT MANAGEMENT 8010 N UNIVERSITY DR 8010 N UNIVERSITY DR TAMARAC FL 33321 TAMARAC FL 33321 City-State-Zip: City-State-Zip: Title Title PRESIDENT DIRECTOR Name GUBERMAN. LYNN Name FIGUEROA, TONY C/O CAMPBELL PROPERTY 7460 TRENT DRIVE Address Address MANAGEMENT TAMARAC FL 33321 City-State-Zip: 8010 N UNIVERSITY DR City-State-Zip: TAMARAC FL 33321 Title DIRECTOR Name ENGLISH, MARA Title DIRECTOR Address C/O CAMPBELL PROPERTY

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	: LYNN GUBERMAN	PRESIDENT	03/02/2023
	Electronic Signature of Signing Officer/Director Detail		Date

City-State-Zip:

MANAGEMENT

8010 N UNIVERSITY DR

TAMARAC FL 33321

FILED Mar 02. 2023 Secretary of State 9813094712CC

Certificate of Status Desired: No