


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N39463	
1. Entity Name TRENT CONDOMINIUM A ASSOCIATION, INC.	

Principal Place of Business 4373 ROCK ISLAND RD LAUDERHILL, FL 33319 US	Mailing Address 4373 ROCK ISLAND RD TAMARAC, FL 33321-1829
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01262006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0461933	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 TIGHT, JOHN 4373 ROCK ISLAND RD LAUDERHILL, FL 33319
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DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GAMSEN, IRWIN 7506 TRENT DR TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STONE, KATHLEEN 7590 TRENT DR. TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SACHS, LEONARD 7500 TRENT DR. TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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000000515492
04/29/06-80214-003 61.25

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 any address, with all other like empowered

SIGNATURE: Irwin S. Gamsen April 14, 2006 954-739-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #