2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 19, 2008 8:00 am Secretary of State

954 776 4837 Daytime Phone •

DOCUMENT # N39463 1. Entity Name TRENT CONDOMINIUM A ASSOCIATION, INC.								. 02	2-19-2008 9	90020 0	09 ****6	1.25
Principal Place of Business 4373 ROCK ISLAND RD LAUDERHILL, FL 33319 US			4373	Mailing Address 4373 ROCK ISLAND RD TAMARAC, FL 33321-1829								
Principal Place of Business - No P.O. Box # 3. Mailing Address												
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.				01232008 _{CI}	ng-NP	CR2E0	37 (12/06)	•
City & State			Cit	City & State			CE 0404000			Applied For Not Applicable		
Zip 	Zip Country		Zig	Zip		Country		5. Certificate of St	atus Desired -		\$8.75 Ac Fee Requir	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name						
TIGHT, JOHN 4373 ROCK ISLAND RD						Street Address (P.O. Box Number is Not Acceptable)						
LAUDERHILL, FL 33319						Gross / Gross (v. z. cov razioa i bratz) Goophabay						
						City Zip Code						
	4 15									FL	.	
	e named entit tions of regist	y submits this stateme ered agent.	ent for the purp	ose of changing its	registere	ed office or	registere	ed agent, or both, in	the State of Flo	orida. I am	familiar with	, and accept
SIGNATURE	Signature, typed	or printed name of registered	agent and title if age	sicable. (NOTE	: Registered	d Agent signatu	re required	when reinstating)		DATE		
					_				F			
Filing Fee is \$61.25 Due by May 1, 2008 9. Election Campaign Trust Fund Contribut								\$5.00 May Be Added to Fees			k payable rtment of S	
10.	OFFICERS AND DIRE			_			A	DDITIONS/CHANG	ES TO OFFICE	RS AND D		
TITLE NAME	PD GAMSEN	, IRWIN		Delete	TITLE NAM						☐ Change	Addition .
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS -ST-ZIP						
TITLE	TD	5,16 30321		I Delete	TITLE	-	TD				Change	☐ Addition
NAME	STONE, KATHLEEN 7590 TRENT DR.				NAME		MAN	ANDL ELLIOTT				
STREET ADDRESS CITY-ST-ZIP	1	C, FL 33321				ET ADDRESS -ST-ZIP	757 TA	6 TRENT I	3332.	1		
TITLE	VP	501155		Delete	TITLE		VP				Change	Addition
NAME - STREET ADDRESS	SACHS, L				NAME	ET ADORESS	CRE	SAP, EDWII	N Detur			- • •
CITY-ST-ZIP	1	C, FL 33321				-ST-ZIP	TAM	ARAC FL	33321			
TITLE NAME				☐ Delete	TITLE		SD	POLINSKY	JESS		☐ Change	🔼 Addition
STREET ADDRESS	-					ET ADORESS		8 TRENT				
CITY-ST-ZIP					+	-ST-ZIP	TAM	ARAC FL	33321			
TITLE NAME				☐ Delete	NAME						☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS - ST - ZIP						
TITLE				☐ Delete	TITLE	- 1		5.15.	-	<u> </u>	Change	Addition
NAME				_ ;	NAME							
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS -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.												
indicated	l on this reno	for dunplemental ren	ort is true and	accurate and that m	tennia u	we shall be	wa tha e	ama local offect so i	f mada undar a	anthothat I	am an affica	e or director
indicated	l on this reno	t or supplemental rep le receiver of trustee (comment with an addre	ort is true and empowered to ess, with all oth	accurate and that mexecute this report in er like empowered.	iy signat as requir	ure shall ha ed by Char	eve the s pter 617,	ama local offect so i	f made under o d that my name	oath; that I e appears i	am an office in Block 10 c	r or director or Block 11 if