

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N920000000001

1. Entity Name

TRENT CONDOMINIUM D ASSOCIATION, INC.



FILED
Apr 27, 2005 08:00 AM
Secretary of State

Principal Place of Business

4373 ROCK ISLAND RD
LAUDERHILL, FL 33319 US

Mailing Address

4373 ROCK ISLAND ROAD
LAUDERHILL, FL 33319 US



DO NOT WRITE IN THIS SPACE

04172005 No Chg-NP

CR2E037 (10/03)

4. FEI Number

65-0374185

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MENARD, JEANNE
4373 ROCK ISLAND
LAUDERHILL, FL 33319

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE SD
NAME MENARD, JEANNE
STREET ADDRESS 7545 TRENT DR
CITY-ST-ZIP TAMARAC, FL 33321

TITLE P
NAME ALOISIO, JOSEPH
STREET ADDRESS 7511 TRENT DR
CITY-ST-ZIP TAMARAC, FL 33321

TITLE TD
NAME AUSTER, GLORIA
STREET ADDRESS 7553 TRENT DR
CITY-ST-ZIP TAMARAC, FL

TITLE VP
NAME WOLINSKY, HERBERT
STREET ADDRESS 7501 TRENT DR
CITY-ST-ZIP TAMARAC, FL 33321

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000336376
04/27/05-80127-001 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #