
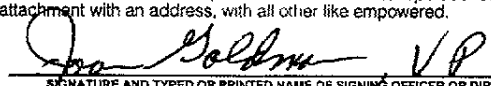


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N94000003145</b>		
1. Entity Name TRENT CONDOMINIUM E ASSOCIATION, INC.		
Principal Place of Business 4373 ROCK ISLAND RD 202 LAUDERHILL, FL 33319 US		Mailing Address 4373 ROCK ISLAND RD FORT LAUDERDALE, FL 33319 US
<b>DO NOT WRITE IN THIS SPACE</b>		
		01262006 No Chg-NP CR2E037 (11/05)
4. FEI Number 65-0532037		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
GOLDMAN, JOAN C/O MWI/CAMPBELL 4373 ROCK ISLAND RD LAUDERHILL, FL 33319		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	ROSEN, OSCAR	
STREET ADDRESS	7650 TRENT DR	
CITY- ST- ZIP	TAMARAC, FL	
TITLE	SD	
NAME	RUBENSTEIN, HERB	
STREET ADDRESS	7622 TRENT DR	
CITY- ST- ZIP	TAMARAC, FL 33321	
TITLE	VPTD	
NAME	GOLDMAN, JOAN	
STREET ADDRESS	7638 TRENT DR	
CITY- ST- ZIP	TAMARAC, FL 33321	
TITLE	DP	
NAME	VAN DAGNA, GERALD	
STREET ADDRESS	7652 TRENT DR	
CITY- ST- ZIP	TAMARAC, FL	
TITLE	D	
NAME	GOLD, SY	
STREET ADDRESS	7688 TRENT DR	
CITY- ST- ZIP	TAMARAC, FL 33321	
TITLE		
NAME		
STREET ADDRESS		
CITY- 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.		
SIGNATURE:  VP		4/10/06 954-739-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #