

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000150

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**Certificate of Status Desired:** No**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*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

07/15/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name MUNOZ, INA
Address C/O CAMPBELL PROPERTY
MANAGEMENT
8010 N UNIVERSITY DR
City-State-Zip: TAMARAC FL 33321

Title VP
Name ZAUSNER, CORKY
Address C/O CAMPBELL PROPERTY
MANAGEMENT
8010 N UNIVERSITY DR
City-State-Zip: TAMARAC FL 33321

Title PRESIDENT
Name GUBERMAN, LYNN
Address C/O CAMPBELL PROPERTY
MANAGEMENT
8010 N UNIVERSITY DR
City-State-Zip: TAMARAC FL 33321

Title DIRECTOR
Name DEANER, LAURIE
Address C/O CAMPBELL PROPERTY
MANAGEMENT
8010 N UNIVERSITY DR
City-State-Zip: TAMARAC FL 33321

Title SECRETARY
Name PENOFSKY, SANDRA
Address C/O CAMPBELL PROPERTY
MANAGEMENT
8010 N UNIVERSITY DR
City-State-Zip: TAMARAC FL 33321

Title TREASURER
Name ARANA, ESTEBAN
Address C/O CAMPBELL PROPERTY
MANAGEMENT
8010 N UNIVERSITY DR
City-State-Zip: TAMARAC FL 33321

Title DIRECTOR
Name FIGUEROA, TONY
Address 7460 TRENT DRIVE
City-State-Zip: TAMARAC FL 33321

Title DIRECTOR
Name ENGLISH, MARA
Address C/O CAMPBELL PROPERTY
MANAGEMENT
8010 N UNIVERSITY DR
City-State-Zip: TAMARAC FL 33321

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

07/15/2025

Electronic Signature of Signing Officer/Director Detail

Date