

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



DEPARTMENT OF STATE
Administration
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # 733933 (6)
1. Corporation Name
TREE GARDEN CONDOMINIUM ASSOCIATION, INC.

95 FEB 20 PM 1: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
P O BOX 100546 P O BOX 100546
FT. LAUDERDALE FL 33310 FT. LAUDERDALE FL 33310

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/25/1975	3a. Date of Last Report 03/24/1994
4. FEI Number 59-1725488	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip Country	29 Zip Country

9. Name and Address of Current Registered Agent

SANTOS, ROBERT
1790 NW 55 AVE. NO. 203
LAUDERHILL FL 33313

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when constituting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	NAME VAUGHANS, JEERDEAN STREET ADDRESS 1748 NW 55 AVENUE #202 CITY, ST, ZIP LAUDERHILL FL	11 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD	NAME MCCLEARY, JAMES E STREET ADDRESS 160 S UNIVERSITY DR SUITE C CITY, ST, ZIP PLANTATION FL	12 NAME Vaughans, Jeerdean 13 STREET ADDRESS 1748 NW 55 Avenue #202 14 CITY - ST - ZIP Lauderhill, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD	NAME MCDONOUGH, RICHARD STREET ADDRESS 4330 SW 82ND WAY CITY, ST, ZIP DAVIE FL	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD	NAME SANTOS, ROBERT STREET ADDRESS 1790 NW 55TH AVE #203 CITY, ST, ZIP LAUDERHILL FL	22 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD	NAME SANTOS, ISYLN STREET ADDRESS 1790 N.W. 55TH AVE #203 CITY, ST, ZIP LAUDERHILL FL	23 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	24 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	31 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	32 NAME McDonough, Richard	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	33 STREET ADDRESS 4330 SW 82 nd Way	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	34 CITY - ST - ZIP Davie, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	42 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	43 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	51 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	52 NAME Maxstadt, Oscar	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	53 STREET ADDRESS 5460 Cypress Rd.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	54 CITY - ST - ZIP Plantation, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	62 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	63 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 110.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert Santos* Robert Santos *2/19/95* 305-731-2875
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number