

SEARCHED 09/25/1975



**NONPROFIT CORPORATION ANNUAL REPORT 1999**

**FLORIDA DEPARTMENT OF STATE**  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS



**DOCUMENT # 733933**

1. Corporation Name  
**TREE GARDEN CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business  
 P.O. BOX 290956  
 FT. LAUDERDALE FL 33329  
 US

Mailing Address  
 P.O. BOX 290956  
 FT. LAUDERDALE FL 33329  
 US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/25/1975	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-1725488	
22 City & State		27 City & State		Applied For	
				Not Applicable	
23 Zip		28 Zip		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
		30		Trust Fund Contribution	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
McDONOUGH, RICHARD 1750 NW 55TH AVENUE Clubhouse LAUDERHILL FL 33313				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Richard McDonough* DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<i>Cheryl McCombs</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ULLMAN, M W	1.2 NAME	
STREET ADDRESS	5460 CYPRESS ROAD	1.3 STREET ADDRESS	<i>1746 NW 55 AVE #101 director</i>
CITY-ST-ZIP	PLANTATION FL 33317	1.4 CITY-ST-ZIP	<i>LAUDERHILL FL 33313</i>
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<i>Achim Pagnon</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCLEARY, JAMES E	2.2 NAME	
STREET ADDRESS	7441 NW 4TH ST.	2.3 STREET ADDRESS	<i>1754 NW 55 AVE #103 director</i>
CITY-ST-ZIP	PLANTATION FL	2.4 CITY-ST-ZIP	<i>LAUDERHILL FL 33313</i>
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<i>John McDonough</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERTSON, FLOYD	3.2 NAME	
STREET ADDRESS	3073 MIDLAND PLACE	3.3 STREET ADDRESS	<i>16420 ONTARIO PL. director</i>
CITY-ST-ZIP	MIRAMAR FL	3.4 CITY-ST-ZIP	<i>DAVIE FL 33</i>
TITLE	VD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<i>Terrance McCleary</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANTOS, ROBERT	4.2 NAME	
STREET ADDRESS	8747 S CRESCENT DR.	4.3 STREET ADDRESS	<i>7441 NW 4 ST</i>
CITY-ST-ZIP	MIRAMAR FL	4.4 CITY-ST-ZIP	<i>PLANTATION FL 33317 Treasurer</i>
TITLE	<i>President</i> <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	MAXSTADT, OSCAR	5.2 NAME	
STREET ADDRESS	5460 CYPRESS RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	5.4 CITY-ST-ZIP	
TITLE	SD <i>SECRETARY</i> <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	MCCLEARY, MELINDA A	6.2 NAME	
STREET ADDRESS	7441 NW 4TH ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *Cheryl McCombs* (594/587-5506)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 MAXSTADT, OSCAR  
 3/22/99

CR2E037 (1/198)