

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

SEARCHED 09/25/1975

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



21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
22. Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.	4. FEI Number
23. City & State	27. City & State	5. Certificate of Status Desired
24. Zip	28. Zip	6. Election Campaign Financing
25. Country	29. Country	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

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* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	NAME: ULLMAN, M W	1.1 TITLE: Cheryl McCombs	1.2 NAME: 1746 NW 55 AVE #101 director
STREET ADDRESS: 5460 CYPRESS ROAD	CITY-ST-ZIP: PLANTATION FL 33317	1.3 STREET ADDRESS: LAUDERHILL FL 33313	1.4 CITY-ST-ZIP:
TITLE: D	NAME: MCCLEARY, JAMES E	2.1 TITLE: Achim Pagnon	2.2 NAME: 1754 NW 55 AVE #103 director
STREET ADDRESS: 7441 NW 4TH ST.	CITY-ST-ZIP: PLANTATION FL	2.3 STREET ADDRESS: LAUDERHILL FL 33313	2.4 CITY-ST-ZIP:
TITLE: PD	NAME: ROBERTSON, FLOYD	3.1 TITLE: John McDonough	3.2 NAME: 16420 ONTARIO PL. director
STREET ADDRESS: 3073 MIDLAND PLACE	CITY-ST-ZIP: MIRAMAR FL	3.3 STREET ADDRESS: DAVIE FL 33	3.4 CITY-ST-ZIP:
TITLE: VD	NAME: SANTOS, ROBERT	4.1 TITLE: Terrance McCleary	4.2 NAME: 7441 NW 4 ST
STREET ADDRESS: 8747 S CRESCENT DR.	CITY-ST-ZIP: MIRAMAR FL	4.3 STREET ADDRESS: PLANTATION FL 33317	4.4 CITY-ST-ZIP:
TITLE: PD	NAME: MAXSTADT, OSCAR	5.1 TITLE:	5.2 NAME:
STREET ADDRESS: 5460 CYPRESS RD	CITY-ST-ZIP: PLANTATION FL	5.3 STREET ADDRESS:	5.4 CITY-ST-ZIP:
TITLE: SD	NAME: MCCLEARY, MELINDA A	6.1 TITLE:	6.2 NAME:
STREET ADDRESS: 7441 NW 4TH ST.	CITY-ST-ZIP: PLANTATION FL	6.3 STREET ADDRESS:	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** *Maxstadt, Oscar* (594/587-5500)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MAXSTADT, OSCAR
 3/22/99

CR2E037 (1/1/98)