

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
 04-25-2001 90054 046 ****61.25

0048459

DOCUMENT # 733933

1. Entity 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

1750 Northwest 55th Avenue

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 268025

Suite, Apt. #, etc.

City & State

Lauderhill, Florida

City & State

Weston, Florida

4. FEI Number

59-1725488

Applied For

Not Applicable

Zip

33313

Country

USA

Zip

33326-8025

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MCDONOUGH, RICHARD
1750 NW 55TH AVENUE
LAUDERHILL FL 33313

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ULLMAN, M W	
STREET ADDRESS	5460 CYPRESS ROAD	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	MCCLEARY, JAMES E	
STREET ADDRESS	7441 NW 4TH ST.	
CITY-ST-ZIP	PLANTATION FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCOMBS, CHERYL	
STREET ADDRESS	1746 N.W. 55 AVE. #101	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SANTIL, DENISE	
STREET ADDRESS	1794 NW 55TH AVENUE, 203	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE	P	<input type="checkbox"/> Delete
NAME	MAXSTADT, OSCAR	
STREET ADDRESS	5460 CYPRESS RD	
CITY-ST-ZIP	PLANTATION FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCCLEARY, MELINDA A	
STREET ADDRESS	7441 NW 4TH ST.	
CITY-ST-ZIP	PLANTATION FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gray, Lorraine	
STREET ADDRESS	1758 Northwest 55th Avenue #204	
CITY-ST-ZIP	Lauderhill, Florida 33313	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: _____

Melinda A. McCleary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Melinda A. McCleary

4/19/01

Date

(954) 731-2875

Daytime Phone #

CR2E037 (10/00)