

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

0048459

DOCUMENT # 733933

04-25-2001 90054 046 ****61.25

1. Entity Name

TREE GARDEN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

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

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 FT. LAUDERDALE FL 33329
 US

2. Principal Place of Business

1750 Northwest 55th Avenue

3. Mailing Address

P.O. Box 268025

Suite, Apt. #, etc.

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
 NAME **ULLMAN, M W**
 STREET ADDRESS **5460 CYPRESS ROAD**
 CITY-ST-ZIP **PLANTATION FL 33317**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DVP** Delete
 NAME **MCCLEARY, JAMES E**
 STREET ADDRESS **7441 NW 4TH ST.**
 CITY-ST-ZIP **PLANTATION FL**

TITLE **T** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **MCCOMBS, CHERYL**
 STREET ADDRESS **1746 N.W. 55 AVE. #101**
 CITY-ST-ZIP **LAUDERHILL FL 33313**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** Delete
 NAME **SANTIL, DENISE**
 STREET ADDRESS **1794 NW 55TH AVENUE, 203**
 CITY-ST-ZIP **LAUDERHILL FL 33313**

TITLE **VP** Change Addition
 NAME **Gray, Lorraine**
 STREET ADDRESS **1758 Northwest 55th Avenue #204**
 CITY-ST-ZIP **Lauderhill, Florida 33313**

TITLE **P** Delete
 NAME **MAXSTADT, OSCAR**
 STREET ADDRESS **5460 CYPRESS RD**
 CITY-ST-ZIP **PLANTATION FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** Delete
 NAME **MCCLEARY, MELINDA A**
 STREET ADDRESS **7441 NW 4TH ST.**
 CITY-ST-ZIP **PLANTATION FL**

TITLE Change 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

Date

4/19/01

Daytime Phone #

(954) 731-2875

CR2E037 (10/00)