

2002 UNIFORM BUSINESS REPORT (UBR)

5/2

FILED
Jun 23, 2002 8:00 am
Secretary of State

05-21-2002 91197 023 ****61.25

DOCUMENT # 733933

1. Entity Name

TREE GARDEN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**1750 NORTHWEST 55TH AVENUE
 LAUDERHILL FL 33313
 US**

Mailing Address

**P.O. BOX 268025
 WESTON FL 33326-8025
 US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-1725488**

Applied For

Not Applicable

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

TITLE **D** ☒ Delete
 NAME **ULLMAN, M W**
 STREET ADDRESS **5480 CYPRESS ROAD**
 CITY-ST-ZIP **PLANTATION FL 33317**

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

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

TITLE **VP** ☐ Delete
 NAME **GRAY, LORRAINE**
 STREET ADDRESS **1758 NORTHWEST 55TH AVE #204**
 CITY-ST-ZIP **LAUDERHILL FL 33313**

TITLE **P** ☒ Delete
 NAME **MAXSTADT, OSCAR**
 STREET ADDRESS **5480 CYPRESS RD**
 CITY-ST-ZIP **PLANTATION FL**

TITLE **S** ☐ 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 ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☒ 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

Date

Daytime Phone #

CR2E037 (9/01)