

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 27, 2004
Secretary of State**

DOCUMENT# 733933

Entity Name: TREE GARDEN CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1750 NORTHWEST 55TH AVENUE
LAUDERHILL, FL 33313 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 268025
WESTON, FL 333268025 US

New Mailing Address:

FEI Number: 59-1725488 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCDONOUGH, RICHARD
1750 NW 55TH AVENUE
LAUDERHILL, FL 33313 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCCLEARY, JAMES E
Address: 7461 NW 4TH STREET
City-St-Zip: PLANTATION, FL

Title: VP () Delete
Name: MCCOMBS, CHERYL
Address: 1746 N.W. 55 AVE. #101
City-St-Zip: LAUDERHILL, FL 33313

Title: PD () Delete
Name: GRAY, LORRAINE
Address: 1758 NORTHWEST 55TH AVE #204
City-St-Zip: LAUDERHILL, FL 33313

Title: SD () Delete
Name: MCCLEARY, MELINDA A
Address: 7461 NW 4TH STREET
City-St-Zip: PLANTATION, FL

Title: TD () Delete
Name: DAVIDSON, NINA
Address: 7960 RAMONA STREET
City-St-Zip: HOLLYWOOD, FL 33023

Title: D () Delete
Name: ANDERSON, STEPHANIE
Address: 1788 NW 55TH AVE #103
City-St-Zip: FORT LAUDERDALE, FL 33313

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORRAINE GRAY

PD

04/27/2004

Electronic Signature of Signing Officer or Director

_____ Date