

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2008 8:00 am**  
**Secretary of State**

01-24-2008 90028 034 \*\*\*\*70.00

**DOCUMENT # 733933**

1. Entity Name  
TREE GARDEN CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
1786 NORTHWEST 55TH AVENUE  
LAUDERHILL, FL 33313 US

Mailing Address  
P.O. BOX 268025  
WESTON, FL 33326-8025 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

1786 NW 55TH AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
LAUDERHILL, FL

Zip

Country

Zip

33313

Country

BROWARD

01072008 Chg-NP CR2E037 (12/06)

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  
1786 NW 55TH AVENUE  
LAUDERHILL, FL 33313

7. Name and Address of New Registered Agent

Name  
MICHELLE ALI

Street Address (P.O. Box Number is Not Acceptable)  
1786 NW 55TH AVENUE

City  
LAUDERHILL

FL

Zip Code  
33313

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE S ☒ Delete  
NAME BIB, LANC  
STREET ADDRESS 1748 NW 55 AVE 201  
CITY-ST-ZIP LAUDERHILL, FL 33313

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

TITLE PD ☒ Delete  
NAME VALMONTION, MARIE  
STREET ADDRESS 1752 NW 55 AVE 101  
CITY-ST-ZIP LAUDERHILL, FL 33313

TITLE ☒ AT Assistant Treasurer ☐ Delete  
NAME MCELHANEY, DELORIS  
STREET ADDRESS 1758 NORTHWEST 55TH #204  
CITY-ST-ZIP LAUDERHILL, FL 33313

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD President-Director ☐ Change ☒ Addition  
NAME DOUGLAS DURRANT  
STREET ADDRESS 1746 NW 55 AVE #204  
CITY-ST-ZIP LAUDERHILL, FL 33313

TITLE VPD Vice President-Director ☐ Change ☒ Addition  
NAME HERNAN LOPEZ  
STREET ADDRESS 1794 NW 55 AVE #201  
CITY-ST-ZIP LAUDERHILL, FL 33313

TITLE SD Secretary-Director ☐ Change ☒ Addition  
NAME MICHELLE ALI  
STREET ADDRESS 2311 NW 60TH TER  
CITY-ST-ZIP SUNRISE, FL 33313

TITLE TD Treasurer-Director ☐ Change ☒ Addition  
NAME JOANNE HYPOLITE  
STREET ADDRESS 1754 NW 55 AVE #201  
CITY-ST-ZIP LAUDERHILL, FL 33313

TITLE D Director ☐ Change ☒ Addition  
NAME SHELDON MINTO  
STREET ADDRESS 1750 NW 55 AVE #204  
CITY-ST-ZIP LAUDERHILL, FL 33313

TITLE D Director ☐ Change ☒ Addition  
NAME TATIANA LAMONS  
STREET ADDRESS 1758 NW 55 AVE #102  
CITY-ST-ZIP LAUDERHILL, FL 33313

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/22/2008

954-732-5308