

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



01072008 Chg-NP CR2E037 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
 LAUDERHILL, FL

4. FEI Number
 59-1725488

Applied For
 Not Applicable

Zip Country

Zip Country
 33313 BROWARD

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCDONOUGH, RICHARD
 1786 NW 55TH AVENUE
 LAUDERHILL, FL 33313

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

Michelle Ali

1/22/2008

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	<input checked="" type="checkbox"/> Delete
NAME	BIB, LANC	
STREET ADDRESS	1748 NW 55 AVE 201	
CITY-ST-ZIP	LAUDERHILL, FL 33313	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MCCOMBS, CHERYL	
STREET ADDRESS	1746 N.W. 55 AVE. #101	
CITY-ST-ZIP	LAUDERHILL, FL 33313	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	VALMONTION, MARIE	
STREET ADDRESS	1752 NW 55 AVE 101	
CITY-ST-ZIP	LAUDERHILL, FL 33313	
TITLE	AT Assistant Treasurer	<input type="checkbox"/> Delete
NAME	MCELHANEY, DELORIS	
STREET ADDRESS	1758 NORTHWEST 55TH #204	
CITY-ST-ZIP	LAUDERHILL, FL 33313	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	President-Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOUGLAS DURRANT		
STREET ADDRESS	1746 NW 55 AVE #204		
CITY-ST-ZIP	LAUDERHILL, FL 33313		
TITLE	VPD	Vice President-Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERVAN LOPEZ		
STREET ADDRESS	1794 NW 55 AVE #201		
CITY-ST-ZIP	LAUDERHILL, FL 33313		
TITLE	SD	Secretary-Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHELLE ALI		
STREET ADDRESS	2311 NW 60TH TER		
CITY-ST-ZIP	SUNRISE, FL 33313		
TITLE	TD	Treasurer-Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOANNE HYPOLITE		
STREET ADDRESS	1754 NW 55 AVE #201		
CITY-ST-ZIP	LAUDERHILL, FL 33313		
TITLE	D	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHELDON M WTD		
STREET ADDRESS	1750 NW 55 AVE #204		
CITY-ST-ZIP	LAUDERHILL, FL 33313		
TITLE	D	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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

Michelle Ali

1/22/2008

Date

954-732-5308

Daytime Phone #