


# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # 733933</b>		
1. Entity Name TREE GARDEN CONDOMINIUM ASSOCIATION, INC.		

Principal Place of Business 1786 NORTHWEST 55TH AVENUE LAUDERHILL, FL 33313 US	Mailing Address 541 S STATE RD 7, #12 MARGATE, FL 33068 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED  
08 MAR 17 AM 10:27  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

03-06-08 01031 005 \$ 52.50  
03072008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent ABSOLUTE PROPERTY MANAGEMENT 541 S. STATE ROAD 7, #12 MARGATE, FL 33068		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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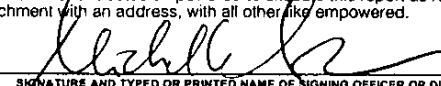
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DURRANT, DOUGLAS			NAME	PEDRI, RAIKA		
STREET ADDRESS	1746 NW 55 AVE 204			STREET ADDRESS	1750 NW 55TH AVE #201		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33313			CITY-ST-ZIP	FORT LAUDERDALE, FL 33313		
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LOPEZ, HERNAN			NAME	CUMMINGS, HOWARD		
STREET ADDRESS	1794 NW 55 AVE 201			STREET ADDRESS	272 EAST WILDWOOD LANE		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33313			CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		
TITLE	SD	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ALI, MICHELLE			NAME	LUGO, LUIS		
STREET ADDRESS	2311 NW 60TH TERR			STREET ADDRESS	1746 NW 55TH AVE #202		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33313			CITY-ST-ZIP	FORT LAUDERDALE, FL 33313		
TITLE	AT	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MCELHANEY, DELORIS			NAME	ALI, JOEY		
STREET ADDRESS	1758 NORTHWEST 55TH #204			STREET ADDRESS	2311 NW 60TH TER		
CITY-ST-ZIP	LAUDERHILL, FL 33313			CITY-ST-ZIP	SUNRISE, FL 33313		
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MINTO, SHELDON			NAME	HYPPOLITE, JOHANNE		
STREET ADDRESS	1750 NW 55 AVE 204			STREET ADDRESS	1754 NW 55TH AVE #201		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33313			CITY-ST-ZIP	FORT LAUDERDALE, FL		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAMONS, TATIANA			NAME			
STREET ADDRESS	1758 NW 55 AVE 102			STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE, FL 33313			CITY-ST-ZIP			

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:  March 14, 2008 954-749-9692  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #