

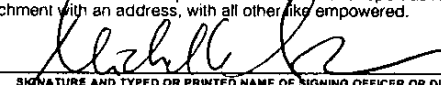


2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 733933 1. Entity Name TREE GARDEN CONDOMINIUM ASSOCIATION, INC.						FILED 08 MAR 17 AM 10:27 DEPARTMENT OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1786 NORTHWEST 55TH AVENUE LAUDERHILL, FL 33313 US				Mailing Address 541 S STATE RD 7, #12 MARGATE, FL 33068 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		 03-06-08 01031 005 \$ 52.50 03072008 Chg-NP CR2E037 (12/06)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Zip					
4. FEI Number 59-1725488				Applied For Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
ABSOLUTE PROPERTY MANAGEMENT 541 S. STATE ROAD 7, #12 MARGATE, FL 33068				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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
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			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DURRANT, DOUGLAS 1746 NW 55 AVE 204 FORT LAUDERDALE, FL 33313	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PEDRI, RAIKA 1750 NW 55TH AVE #201 FORT LAUDERDALE, FL 33313			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LOPEZ, HERNAN 1794 NW 55 AVE 201 FORT LAUDERDALE, FL 33313	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUMMINGS, HOWARD 272 EAST WILDWOOD LANE DEERFIELD BEACH, FL 33442			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALI, MICHELLE 2311 NW 60TH TERR FORT LAUDERDALE, FL 33313	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUGO, LUIS 1746 NW 55TH AVE #202 FORT LAUDERDALE, FL 33313			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT MCELHANEY, DELORIS 1758 NORTHWEST 55TH #204 LAUDERHILL, FL 33313	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALI, JOEY 2311 NW 60TH TER SUNRISE, FL 33313			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINTO, SHELDON 1750 NW 55 AVE 204 FORT LAUDERDALE, FL 33313	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HYPPOLITE, JOHANNE 1754 NW 55TH AVE #201 FORT LAUDERDALE, FL			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMONS, TATIANA 1758 NW 55 AVE 102 FORT LAUDERDALE, FL 33313	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	03/25/08--01050--006 **18.50			
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: 			Date March 14, 2008 Daytime Phone # 954-749-9692				