

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90219 002 ****61.25

DOCUMENT # 733933



1. Entity Name
TREE GARDEN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
**1750 NORTHWEST 55TH AVENUE
LAUDERHILL FL 33313
US**

Mailing Address
**P.O. BOX 268025
WESTON FL 33326-0025
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1725488**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** Delete
NAME **MCCLEARY, JAMES E**
STREET ADDRESS **7441 NW 4TH ST.**
CITY-ST-ZIP **PLANTATION FL**

TITLE **D** Change Addition
NAME
STREET ADDRESS **7461 NW 4th ST.**
CITY-ST-ZIP

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** Delete
NAME **GRAY, LORRAINE**
STREET ADDRESS **1758 NORTHWEST 55TH AVE #204**
CITY-ST-ZIP **LAUDERHILL FL 33313**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** Delete
NAME **MCCLEARY, MELINDA A**
STREET ADDRESS **7441 NW 4TH ST.**
CITY-ST-ZIP **PLANTATION FL**

TITLE Change Addition
NAME
STREET ADDRESS **7461 NW 4th ST.**
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME **Nina Davidson**
STREET ADDRESS **7960 Ramona Street**
CITY-ST-ZIP **Miramar, FL 33023**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME **Stephanie Anderson**
STREET ADDRESS **1788 NW 55th AVE #103**
CITY-ST-ZIP **Lauderhill, FL 33313**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Melinda A. McCleary* Melinda A. McCleary

954-731-2875

CR2E037 (10/02)