FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995** 5-1-95

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

B 59888 NC

APPROVED AND FILED

95 MAY -1 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 712318 (5)

1. Corporation Name

CRANDON TOWER CONDOMINIUM INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
555 CRANDON BLVD. 65 KEY BISCAYNE FL 33149-8802	% C.P.M. CORP 170 OCEAN LANE DR KEY BISCAYNE FL 33149 US

3. Date Incorporated or Qualified: 02/28/1967
3a. Date of Last Report: 03/02/1994
4. FEI Number: 59-1228168 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CERTIFIED PROPERTY MANAGEMENT CORP 170 OCEAN LANE DR. KEY BISCAYNE FL 33149	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE (Typed or printed name of registered agent and title if agent is an officer or authorized representative of a corporation) (Date) (Registered Agent's signature required in every case) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, IN U
TITLE	SD	11 TITLE ☐ Change ☐ Addition
NAME	BERGER, MARJORIE	12 NAME
STREET ADDRESS	555 CRANDON BLVD APT #63	13 STREET ADDRESS
CITY ST ZIP	KEY BISCAYNE FL	14 CITY ST ZIP
TITLE	VPD	21 TITLE ☐ Change ☐ Addition
NAME	ELDER, JANE	22 NAME
STREET ADDRESS	555 CRANDON BLVD APT #41	23 STREET ADDRESS
CITY ST ZIP	KEY BISCAYNE FL	24 CITY ST ZIP
TITLE	PD	31 TITLE ☐ Change ☐ Addition
NAME	GUTIERREZ, DANIEL	32 NAME
STREET ADDRESS	555 CRANDON BLVD APT #42	33 STREET ADDRESS
CITY ST ZIP	KEY BISCAYNE FL	34 CITY ST ZIP
TITLE	TD	41 TITLE ☐ Change ☐ Addition
NAME	ZAYAS, ALFREDO	42 NAME
STREET ADDRESS	555 CRANDON BLVD	43 STREET ADDRESS
CITY ST ZIP	KEY BISCAYNE FL	44 CITY ST ZIP
TITLE	D	51 TITLE ☐ Change ☐ Addition
NAME	DENITT, CONNIE	52 NAME
STREET ADDRESS	555 CRANDON BLVD	53 STREET ADDRESS
CITY ST ZIP	KEY BISCAYNE FL	54 CITY ST ZIP
TITLE		61 TITLE ☐ Change ☐ Addition
NAME		62 NAME
STREET ADDRESS		63 STREET ADDRESS
CITY ST ZIP		64 CITY ST ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or added in connection with my address.

SIGNATURE: [signature] 4/26/95 361-9602

SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0042848