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NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 712318

1. Corporation Name

CRANDON TOWER CONDOMINIUM INC.

Principal Place of Business	Mailing Address
555 CRANDON BLVD. 85 KEY BISCAYNE FL 33149-8802	% C.P.M. CORP 170 OCEAN LANE DR KEY BISCAYNE FL 33149 US

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

3. Date Incorporated or Qualified: 02/28/1967

4. FEI Number: 59-1228168 ☐ Applied For ☐ Not Applicable

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

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

9. Name and Address of Current Registered Agent

CERTIFIED PROPERTY MANAGEMENT CORP
170 OCEAN LANE DR.
KEY BISCAYNE FL 33149

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☐ DELETE	1.1 TITLE	SD	☒ Change ☐ Addition
NAME	BERGER, MARJORIE		1.2 NAME	Marjorie Berger-Dunn	
STREET ADDRESS	555 CRANDON BLVD APT #63		1.3 STREET ADDRESS		
CITY-ST-ZIP	KEY BISCAYNE FL		1.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	2.1 TITLE	TD	☐ Change ☒ Addition
NAME	WARNER, LILIBETH		2.2 NAME	Enrique Saez	
STREET ADDRESS	555 CRANDON BLVD, # 61		2.3 STREET ADDRESS	555 Crandon Blvd. #64	
CITY-ST-ZIP	KEY BISCAYNE FL		2.4 CITY-ST-ZIP	Key Biscayne, Fl. 33149	
TITLE	VPD	☒ DELETE	3.1 TITLE	VPD	☐ Change ☒ Addition
NAME	GUTIERREZ, DANIEL		3.2 NAME	Maria Miranda	
STREET ADDRESS	555 CRANDON BLVD APT #42		3.3 STREET ADDRESS	555 Crandon Blvd. #82	
CITY-ST-ZIP	KEY BISCAYNE FL		3.4 CITY-ST-ZIP	Key Bisacyne, Fl. 33149	
TITLE	PD	☒ DELETE	4.1 TITLE	PD	☐ Change ☒ Addition
NAME	ZAYAS, ALFREDO		4.2 NAME	Keith Alexander	
STREET ADDRESS	555 CRANDON BLVD		4.3 STREET ADDRESS	555 Crandon Blvd. #41	
CITY-ST-ZIP	KEY BISCAYNE FL		4.4 CITY-ST-ZIP	Key Biscayne, Fl. 33149	
TITLE	D	☐ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	DENITT, CONNIE		5.2 NAME	Connie Dewit	
STREET ADDRESS	555 CRANDON BLVD		5.3 STREET ADDRESS		
CITY-ST-ZIP	KEY BISCAYNE FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1-28-99 305-361-9662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)