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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90018 030 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 712318

1. Corporation Name
CRANDON TOWER CONDOMINIUM INC.

Principal Place of Business 555 CRANDON BLVD. 85 KEY BISCAYNE FL 33149-8802	Mailing Address % C.P.M. CORP 170 OCEAN LANE DR KEY BISCAYNE FL 33149 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 02/28/1967	4. FEI Number 59-1228168	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE SD	<input type="checkbox"/> DELETE	1.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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	<input checked="" type="checkbox"/> DELETE	2.1 TITLE TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> DELETE	3.1 TITLE VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 Biscayne, Fl. 33149	
TITLE PD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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	<input type="checkbox"/> DELETE	5.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Katherine Harris* **SIGNATURE REQUIRED** 1-28-99 305-301-9602
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)