

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712318

FILED  
Feb 26, 2009  
Secretary of State

**Entity Name:** CRANDON TOWER CONDOMINIUM INC.

**Current Principal Place of Business:**

555 CRANDON BLVD. 85  
KEY BISCAYNE, FL 331498802

**New Principal Place of Business:**

**Current Mailing Address:**

% C.P.M. CORP  
170 OCEAN LANE DR  
KEY BISCAYNE, FL 33149 US

**New Mailing Address:**

% C.P.M. CORP  
1801 CORAL WAY, STE. 305  
MIAMI, FL 33145 US

**FEI Number:** 59-1228168

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

CERTIFIED PROPERTY MANAGEMENT CORP  
1801 CORAL WAY, STE. 305  
MIAMI, FL 33145 US

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.

SIGNATURE:

02/26/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: SAEZ, ENRIQUE  
Address: 555 CRANDON BLVD #64  
City-St-Zip: KEY BISCAYNE, FL

Title: PD ( ) Delete  
Name: HEWITT, DWIGHT  
Address: 555 CRANDON BLVD.  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: VP ( ) Delete  
Name: ALEXANDER, KEITH  
Address: 555 CAANDON BLVD  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: KELLER, DON  
Address: 555 CRANDON BLVD. #84  
City-St-Zip: KEY BISCAYNE, FL 33149 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBERTO COHEN

AGT

02/26/2009

Electronic Signature of Signing Officer or Director

Date