

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N32097 (0)**

1. Corporation Name

**GARDENS AT CRANDON PARK FOUNDATION, INC.**



Principal Place of Business

**260 CRANDON BOULEVARD  
STE 32-234  
KEY BISCAYNE FL 33149**

Mailing Address

**260 CRANDON BOULEVARD  
STE 32-234  
KEY BISCAYNE FL 33149**

3. Date Incorporated or Qualified  
**05/04/1989**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number  
**65-0137741**

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**

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

**TROCHET, JEAN A.  
491 NORTH MASHTA  
KEY BISCAYNE FL 33149**

81 Name **JAMES I CASSIDY**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**8801 OCEAN DRIVE #24 B**  
83  
84 City **KEY BISCAYNE FL** 85 Zip Code **33149**

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

*James I Cassidy*

**JAMES I CASSIDY**

**APRIL 30, 1996**

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 **PD** ☐ DELETE  
NAME **CASSIDY, VALERIE**  
STREET ADDRESS **881 OCEAN DR. 24B**  
CITY-ST-ZIP **KEY BISCAYNE FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE  
NAME **KALTMAN, MARTIN**  
STREET ADDRESS **201 CRANDON BLVD. 1033**  
CITY-ST-ZIP **KEY BISCAYNE FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **SD** ☒ DELETE  
NAME **HONEY, ANGELA**  
STREET ADDRESS **613 OCEAN DR. 2C**  
CITY-ST-ZIP **KEY BISCAYNE FL**

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME **COTE, BETTY**  
3.3 STREET ADDRESS **150 OCEAN LANE DRIVE, 9E**  
3.4 CITY-ST-ZIP **KEY BISCAYNE, FLORIDA 33149**

TITLE **TD** ☐ DELETE  
NAME **PADOVAN, MICHELE**  
STREET ADDRESS **425 GRAPETREE DRIVE 204**  
CITY-ST-ZIP **KEY BISCAYNE FL**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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)(k), 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.

SIGNATURE:

*Valerie Cassidy* **PRESIDENT** **APRIL 30 1996** **305 361 1231**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)