

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32097

1. Entity Name

GARDENS AT CRANDON PARK FOUNDATION, INC.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90013 006 ****61.25

Principal Place of Business Mailing Address

260 CRANDON BOULEVARD 260 CRANDON BOULEVARD
STE 32-234 STE 32-234
KEY BISCAVNE FL 33149 KEY BISCAVNE FL 33149-1536

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
65-0137741 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASSIDY, JAMES L.
881 OCEAN DRIVE #24B
KEY BISCAVNE FL 33149

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	CASSIDY, VALERIE	
STREET ADDRESS	881 OCEAN DR. 24B	
CITY-ST-ZIP	KEY BISCAVNE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KALTMAN, MARTIN	
STREET ADDRESS	201 CRANDON BLVD. 1033	
CITY-ST-ZIP	KEY BISCAVNE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CASTAN, RENATA	
STREET ADDRESS	155 OCEAN LK DR -#506	
CITY-ST-ZIP	KEY BISCAVNE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PADOVAN, MICHELE	
STREET ADDRESS	425 GRAPETREE DRIVE 204	
CITY-ST-ZIP	KEY BISCAVNE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: VALERIE CASSIDY PRESIDENT 305 361 1231
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)