


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N32097
 1. Entity Name
 GARDENS AT CRANDON PARK FOUNDATION, INC.



Principal Place of Business 260 CRANDON BOULEVARD STE #32, PMB 234 KEY BISCAVNE, FL 33149	Mailing Address 260 CRANDON BOULEVARD STE #32, PMB 234 KEY BISCAVNE, FL 33149
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DO NOT WRITE IN THIS SPACE



04282004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0137741	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

100000147550
 05/03/04-80110-020 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CASSIDY, VALERIE 881 OCEAN DR. 24B KEY BISCAVNE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD KALTMAN, MARTIN 201 CRANDON BLVD. 1033 KEY BISCAVNE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SLAVENS, KATHY 301 PALMWOOD LANE KEY BISCAVNE, FL 33149
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD PADOVAN, MICHELE 425 GRAPETREE DRIVE 204 KEY BISCAVNE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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 VALERIE CASSIDY 28 APRIL 2004 305 361 0431
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date City/Time Phone #