

**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



04282004 No Chg-NP

CR2E037 (10/03)

4. FEI Number

65-0137741

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(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

000000147550
05/03/04-80110-020 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CASSIDY, VALERIE
STREET ADDRESS 881 OCEAN DR. 24B
CITY - ST - ZIP KEY BISCAVNE, FL

TITLE VD
NAME KALTMAN, MARTIN
STREET ADDRESS 201 CRANDON BLVD. 1033
CITY - ST - ZIP KEY BISCAVNE, FL

TITLE SD
NAME SLAVENS, KATHY
STREET ADDRESS 301 PALMWOOD LANE
CITY - ST - ZIP KEY BISCAVNE, FL 33149

TITLE TD
NAME PADOVAN, MICHELE
STREET ADDRESS 425 GRAPETREE DRIVE 204
CITY - ST - ZIP KEY BISCAVNE, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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

Daytime Phone #