## 2005 NOT-FOR-PROFIT CORPORATION

## Apr 30, 2005 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # N32097 1. Entity Name GARDENS AT CRANDON PARK FOUNDATION, INC. Principal Place of Business Mailing Address 260 CRANDON BOULEVARD 260 CRANDON BOULEVARD STE #32, PMB 234 STE #32, PMB 234 KEY BISCAYNE, FL 33149 KEY BISCAYNE, FL 33149 04252005 No Chg-NP CR2E037 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0137741 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 6. Name and Address of Current Registered Agent CASSIDY, JAMES L. DO NOT WRITE 881 OCEAN DRIVE #24B KEY BISCAYNE, FL 33149 IN THIS SPACE 3. 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 U00000346252 Trust Fund Contribution. Added to Fees Due by May 1, 2005 30/05-80068-013 OFFICERS AND DIRECTORS 10, TITLE NAME CASSIDY, VALERIE STREET ADDRESS 881 OCEAN DR. 24B CITY-ST-ZIP KEY BISCAYNE, FL TITLE VD NAME KALTMAN, MARTIN STREET ADDRESS 201 CRANDON BLVD, 1033 CITY-ST-ZIP KEY BISCAYNE, FL TITLE SD NAME. SLAVENS, KATHY STREET ADDRESS 301 PALMWOOD LANE DO NOT WRITE CITY - ST- ZIP KEY BISCAYNE, FL 33149 IN THIS SPACE TITLE NAME PADOVAN, MICHELE STREET ADDRESS 425 GRAPETREE DRIVE 204 CITY-ST-ZIP KEY BISCAYNE, FL TITLE NAME

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:

STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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