

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 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 BISCAYNE, FL 33149
 Mailing Address: 260 CRANDON BOULEVARD, STE #32, PMB 234, KEY BISCAYNE, FL 33149



04252005 No Chg-NP CR2E037 (10/03)

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4. FEI Number: 65-0137741
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
 CASSIDY, JAMES L.
 881 OCEAN DRIVE #24B
 KEY BISCAYNE, 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, 2005

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

000000346252
 04/30/05-80068-013 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
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
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	TD
NAME	PADOVAN, MICHELE
STREET ADDRESS	425 GRAPETREE DRIVE 204
CITY-ST-ZIP	KEY BISCAYNE, 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)(f), 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 26 April 2005 786 269 6424
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #