2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # N32097 •

1. Entity Name

GARDENS AT CRANDON PARK FOUNDATION, INC.



FILED Apr 18, 2007 08:00 AM Secretary of State

Principal Place of Business

260 CPANDON BOLLEVAFD STE#32, PWB 234 KEYBISOAWNE, FL. 33149 Mailing Address

260 CPANDON BOLLEVAFD STE#32, PWB234 KEYBISOAWE FL. 33149



04132007 No Chg-NP

CR2E037 (4/06)

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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				IN THIS SPACE		
8. The above the obligat	named entity submits this statement for tions of registered agent.	the purpose of changing its registere	d office or r	egistered agent, or b	oth, in the State of Florida. I am familiar with, and accept	
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, 2007	9. Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
TITLE NAME STREET AODRESS CITY-ST-ZIP	PD CASSIDY, VALERIE 881 OCEAN DR. 24B KEY BISCAYNE, FL	IRECTORS			000000715306 04/27/07-80060-008 61.25 DO NOT WRITE	
NAME STREET ADDRESS CITY-ST-ZIP	VD JOHNSON, KATHRYN 230 SUNRISE DR KEY BISCAYNE, FL 33149		li.			
TITLE NAME STREET ADDRESS CITY-ST-ZiP	SD SLAVENS, KATHY 301 PALMWOOD LANE KEY BISCAYNE, FL 33149			DO		
NAME STREET ADDRESS CITY-ST-ZIP	TD ESTEVEZ-HAYES, MICHELE 312 GRAPE TREE DR KEY BISCAYNE, FL 33149			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1::					
TÍTLE .						

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Velacio Cossidy