2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# N32097

Entity Name: GARDENS AT CRANDON PARK FOUNDATION, INC.

Current Principal Place of Business:

260 CRANDON BOULEVARD
STE #32, PMB 234
KEY BISCAYNE, FL 33149

New Principal Place of Business:

Current Mailing Address:

260 CRANDON BOULEVARD
STE #32, PMB 234
KEY BISCAYNE, FL 33149

New Mailing Address:

FEI Number: 65-0137741 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	CASSIDY, VALERIE	
Address:	881 OCEAN DR. 24B	
City-St-Zip:	KEY BISCAYNE, FL	
Title:	VD	( ) Delete
Name:	JOHNSON, KATHRYN	
Address:	230 SUNRISE DR	
City-St-Zip:	KEY BISCAYNE, FL 33149	
Title:	SD	( ) Delete
Name:	SLAVENS, KATHY	
Address:	301 PALMWOOD LANE	
City-St-Zip:	KEY BISCAYNE, FL 33149	
Title:	TD	( ) Delete
Name:	ESTEVEZ-HAYES, MICHELE	
Address:	312 GRAPE TREE DR	
City-St-Zip:	KEY BISCAYNE, FL 33149	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VALERIE CASSIDY PD 04/13/2009

Electronic Signature of Signing Officer or Director — Date