

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N32097

**FILED**  
**Feb 16, 2010**  
**Secretary of State**

**Entity Name:** GARDENS AT CRANDON PARK FOUNDATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

260 CRANDON BOULEVARD  
STE #32, PMB 234  
KEY BISCAVNE, 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 BISCAVNE, 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  
Name: CASSIDY, VALERIE  
Address: 881 OCEAN DR. 24B  
City-St-Zip: KEY BISCAVNE, FL 33149

Title: VD  
Name: JOHNSON, KATHRYN  
Address: 230 SUNRISE DR  
City-St-Zip: KEY BISCAVNE, FL 33149

Title: SD  
Name: SLAVENS, KATHY  
Address: 301 PALMWOOD LANE  
City-St-Zip: KEY BISCAVNE, FL 33149

Title: TD  
Name: ESTEVEZ-HAYES, MICHELE  
Address: 312 GRAPE TREE DR  
City-St-Zip: KEY BISCAVNE, FL 33149

I hereby 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 all other like empowered.

SIGNATURE: VAALERIE CASSIDY

PD

02/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date