

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90100 045 \*\*\*\*61.25

**DOCUMENT # N32097**

1. Entity Name

**GARDENS AT CRANDON PARK FOUNDATION, INC.**



Principal Place of Business

**260 CRANDON BOULEVARD  
STE 32-234  
KEY BISCAYNE FL 33149**

Mailing Address

**260 CRANDON BOULEVARD  
STE 32-234  
KEY BISCAYNE FL 33149**

2. Principal Place of Business

**260 CRANDON BOULEVARD**

3. Mailing Address

**260 CRANDON BOULEVARD**

Suite, Apt. #, etc.

**STE #32 PMB 234**

Suite, Apt. #, etc.

**STE #32 PMB 234**

City & State

**KEY BISCAYNE FL**

City & State

**KEY BISCAYNE FL**

Zip

**33149**

Country

**US**

Zip

**33149**

Country

**US**

☐ CHECK HERE IF MAKING CHANGES

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**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>CASSIDY, VALERIE</b>	
STREET ADDRESS	<b>881 OCEAN DR. 24B</b>	
CITY-ST-ZIP	<b>KEY BISCAYNE FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>KALTMAN, MARTIN</b>	
STREET ADDRESS	<b>201 CRANDON BLVD. 1033</b>	
CITY-ST-ZIP	<b>KEY BISCAYNE FL</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CASTAN, RENATA</b>	
STREET ADDRESS	<b>155 OCEAN LK DR #506</b>	
CITY-ST-ZIP	<b>KEY BISCAYNE FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>PADOVAN, MICHELE</b>	
STREET ADDRESS	<b>425 GRAPETREE DRIVE 204</b>	
CITY-ST-ZIP	<b>KEY BISCAYNE FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SLAVENS, KATHY</b>	
STREET ADDRESS	<b>301 PALMWOOD LANE</b>	
CITY-ST-ZIP	<b>KEY BISCAYNE FL 33149</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: VALERIE CASSIDY** 27 APRIL 2003 361 1231

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)