

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90053 014 ****61.25

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1. Entity Name
CRANDON CAROUSEL & AMUSEMENT ORGANIZATION,
INC.



Principal Place of Business

5421 S.W. 63RD CT.
MIAMI, FL 33155

Mailing Address

5421 S.W. 63RD CT.
MIAMI, FL 33155



01172007 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
62-1804599

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

CLYATT, ANN MARIE
5421 S.W. 63RD CT.
MIAMI, FL 33155

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IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CLYATT, ANN MARIE
STREET ADDRESS	5421 S.W. 63RD CT.
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	TD
NAME	RICHARDSON, LISA
STREET ADDRESS	708 MINORCA AVENUE
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	SD
NAME	KIRZNER, CATHERINE
STREET ADDRESS	9333 SW 130 STREET
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	VD
NAME	WOOD, CAROLYN L
STREET ADDRESS	275 HAMPTON LANE
CITY-ST-ZIP	KEY BISCAVNE, FL 33149
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: *Ann Marie Clyatt* **ANN MARIE CLYATT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-2007 **2-6-2007 305-665-2890**

Date

Daytime Phone #