

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # N99000005666

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



01302008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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

**DO NOT WRITE  
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, 2008**

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 BISCAYNE, FL 33149

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000829598  
02/26/08-80047-015 61.25

**DO NOT WRITE  
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* 2-2-08

Date

305-665-2890

Daytime Phone #