

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005666

FILED  
Mar 12, 2009  
Secretary of State

**Entity Name:** CRANDON CAROUSEL & AMUSEMENT ORGANIZATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 62-1804599

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CLYATT, ANN MARIE  
5421 S.W. 63RD CT.  
MIAMI, FL 33155 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: CLYATT, ANN MARIE  
Address: 5421 S.W. 63RD CT.  
City-St-Zip: MIAMI, FL 33155

Title: TD ( ) Delete  
Name: RICHARDSON, LISA  
Address: 708 MINOREA AVENUE  
City-St-Zip: CORAL GABLES, FL 33134

Title: SD ( ) Delete  
Name: KIRZNER, CATHERINE  
Address: 9333 SW 130 STREET  
City-St-Zip: MIAMI, FL 33176

Title: VD ( ) Delete  
Name: WOOD, CAROLYN L  
Address: 275 HAMPTON LANE  
City-St-Zip: KEY BISCAYNE, FL 33149

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: TD (X) Change ( ) Addition  
Name: RICHARDSON, LISA  
Address: 708 MINORCA AVENUE  
City-St-Zip: CORAL GABLES, FL 33134

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: ANN MARIE CLYATT

PD

03/12/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date