

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAY -1 PM 12: 07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 727042 (4)**  
1. Corporation Name  
**PUMPKIN CAY CONDOMINIUM APARTMENTS NO. 13, INC.**

Principal Place of Business Mailing Address  
**31 OCEAN REEF DR.  
SUITE A-207  
KEY LARGO FL 33037** **31 OCEAN REEF DR.  
SUITE A-207  
KEY LARGO FL 33037**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>07/26/1973</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>59-1508319</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent <b>MOSS, EVELYN 31 OCEAN REEF DR #A-207 KEY LARGO FL 33037</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Signatures, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRSCHNER, HENRY	1.2 NAME	
STREET ADDRESS	31 OCEAN REEF DR. A207	1.3 STREET ADDRESS	
CITY - ST - ZIP	KEY LARGO FL	1.4 CITY - ST - ZIP	
TITLE	DV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLEISHER, PAUL	2.2 NAME	
STREET ADDRESS	31 OCEAN REEF DR #A-207	2.3 STREET ADDRESS	
CITY - ST - ZIP	KEY LARGO, FL 00000	2.4 CITY - ST - ZIP	
TITLE	P	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORRIS, CHARLES	3.2 NAME	
STREET ADDRESS	31 OCEAN REEF DR #A-207	3.3 STREET ADDRESS	
CITY - ST - ZIP	KEY LARGO, FL 00000	3.4 CITY - ST - ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHOTT, MARY	4.2 NAME	
STREET ADDRESS	31 OCEAN REEF DR., A207	4.3 STREET ADDRESS	
CITY - ST - ZIP	KEY LARGO, FL 00000	4.4 CITY - ST - ZIP	
TITLE	POA	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSS, EVELYN	5.2 NAME	
STREET ADDRESS	31 OCEAN REEF DR #A-207	5.3 STREET ADDRESS	
CITY - ST - ZIP	KEY LARGO, FL 00000	5.4 CITY - ST - ZIP	
TITLE	S	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORRIS, NANCY	6.2 NAME	D Bryan, Robert
STREET ADDRESS	31 OCEAN REEF DR., A207	6.3 STREET ADDRESS	31 Ocean Reef Drive A-207
CITY - ST - ZIP	KEY LARGO, FL 00000	6.4 CITY - ST - ZIP	Key Largo, FL 33037

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Evelyn Moss* *Managing Agent* 4/16/95 (305) 367-3232  
(Signature and typed or printed name of signing officer or director) (Date) (Phone Area #)