

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified **07/26/1973** 3a. Date of Last Report **05/01/1995**
4. FEI Number **59-1508319** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
**MOSS, EVELYN
31 OCEAN REEF DR #A-207
KEY LARGO FL 33037**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Evelyn Moss, Agent* DATE _____
Signature, typed or printed name of registered agent and title, if applicable. (Note: Registered Agent signature required for reissuance.)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	KIRSCHNER, HENRY
STREET ADDRESS	31 OCEAN REEF DR. A207
CITY - ST - ZIP	KEY LARGO FL
TITLE	DV <input type="checkbox"/> DELETE
NAME	FLEISHER, PAUL
STREET ADDRESS	31 OCEAN REEF DR #A-207
CITY - ST - ZIP	KEY LARGO, FL 00000
TITLE	P <input type="checkbox"/> DELETE
NAME	NORRIS, CHARLES
STREET ADDRESS	31 OCEAN REEF DR #A-207
CITY - ST - ZIP	KEY LARGO, FL 00000
TITLE	T <input type="checkbox"/> DELETE
NAME	SCHOTT, MARY
STREET ADDRESS	31 OCEAN REEF DR., A207
CITY - ST - ZIP	KEY LARGO, FL 00000
TITLE	POA <input type="checkbox"/> DELETE
NAME	MOSS, EVELYN
STREET ADDRESS	31 OCEAN REEF DR #A-207
CITY - ST - ZIP	KEY LARGO, FL 00000
TITLE	D <input type="checkbox"/> DELETE
NAME	BYRAN, ROBERT
STREET ADDRESS	31 OCEAN REEF DR., A207
CITY - ST - ZIP	KEY LARGO, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Pyne, Robert
1.3 STREET ADDRESS	31 Ocean Reef Dr A-207
1.4 CITY - ST - ZIP	Key Largo, FL 33037
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 119.07(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, changed, or on an attachment with an address.

SIGNATURE: *Evelyn Moss, Agent* DATE _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)