

FILE NOW: FILING FEE IS \$61.25

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May 01 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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  
31 OCEAN REEF DR. SUITE A-207 KEY LARGO FL 33037-5281

3. Date Incorporated or Qualified 07/26/1973  
3a. Date of Last Report 05/01/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-1508319	Applied For Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip Country	28 Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 Zip	25 Country	29 Zip	30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOSS, EVELYN  
31 OCEAN REEF DR #A-207  
KEY LARGO FL 33037

81 Name	85 Zip Code
82 Street Address (P.O. Box Number Is Not Acceptable)	FL
83	
84 City	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRSCHNER, HENRY	1.2 NAME	Kirschner, Henry
STREET ADDRESS	31 OCEAN REEF DR. A207	1.3 STREET ADDRESS	31 Ocean Reef Dr A207
CITY-ST-ZIP	KEY LARGO FL	1.4 CITY-ST-ZIP	Key Largo, FL 33037
TITLE	DV <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHOTT, MARY	4.2 NAME	Schott, Mary
STREET ADDRESS	31 OCEAN REEF DR., A207	4.3 STREET ADDRESS	31 Ocean Reef Dr A207
CITY-ST-ZIP	KEY LARGO, FL 00000	4.4 CITY-ST-ZIP	Key Largo, FL 33037
TITLE	POA <input type="checkbox"/> DELETE	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	D <input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BYRAN, ROBERT	6.2 NAME	Dillon, Ray
STREET ADDRESS	31 OCEAN REEF DR., A207	6.3 STREET ADDRESS	31 Ocean Reef Dr A207
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: \_\_\_\_\_ REQUIRED 4-25-97 305 367-3222  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0024408

CR2E037 (9/96)