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May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 728890 (5)
1. Corporation Name
PUMPKIN CAY CONDOMINIUM APARTMENTS NO. 10, INC.

Principal Place of Business 120 ANCHOR DR KEY LARGO FL 33037 US	Mailing Address 100 ANCHOR DR #157 KEY LARGO FL 33037 US
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2. Principal Place of Business 21 120 Anchor Drive Suite, Apt. #, etc.	2a. Mailing Address 28 100 Anchor Drive #476 Suite, Apt. #, etc.
City & State 23 Key Largo, FL Zip Country 24 33037 25	City & State 28 Key Largo, FL Zip Country 29 33037 30

9. Name and Address of Current Registered Agent
**BLACK, JANE
100 ANCHOR DR
#157
KEY LARGO FL 33037**

3. Date Incorporated or Qualified 02/15/1974	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-1558755	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent
**81 Name Moss, Evelyn
82 Street Address (P.O. Box Number is Not Acceptable) 100 Anchor Drive #476
83
84 City Key Largo FL 85 Zip Code 33037**

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* **Evelyn Moss** **4-27-98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DEARING, EUGENE 100 ANCHOR DR #157 KEY LARGO FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GUMBINER, ALICE 100 ANCHOR DR #157 KEY LARGO FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PELLAR, JOSEPH 100 ANCHOR DR #157 KEY LARGO FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORNSTEEN, ALAN 100 ANCHOR DR #157 KEY LARGO FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZORNIGER, FRANK 100 ANCHOR DR #157 KEY LARGO FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BLACK, JANE 100 ANCHOR DR #157 KEY LARGO FL <input checked="" type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD Dearing, Eugene 100 Anchor Drive #476 Key Largo, FL 33037 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VD Carroll, Richard 100 Anchor Drive #476 Key Largo, FL 33037 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D McIntyre, David 100 Anchor Drive #476 Key Largo, FL 33037 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D Ornsteen, Arlene 100 Anchor Drive #476 Key Largo, FL 33037 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D Zorniger, Frank 100 Anchor Drive #476 Key Largo, FL 33037 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	S Moss, Evelyn 100 Anchor Drive #476 Key Largo, FL 33037 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I 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: *Evelyn Moss* **Evelyn Moss** **4-27-98** **305367-3932**
Signature and typed or printed name of signing officer or director Date Daytime Phone

CR2E037 (10/97)