
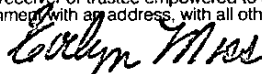


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90364 050 \*\*\*\*61.25

<b>DOCUMENT # 728890</b> 1. Entity Name <b>PUMPKIN CAY CONDOMINIUM APARTMENTS NO. 10, INC.</b>					
Principal Place of Business <b>120 ANCHOR DR KEY LARGO, FL 33037 US</b>			Mailing Address <b>120 ANCHOR DR KEY LARGO, FL 33037 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1558755</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>MOSS, EVELYN 120 ANCHOR DRIVE KEY LARGO, FL 33037</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>OLEFSON, FREDERIC</b>		NAME		
STREET ADDRESS	<b>120 ANCHOR DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>KEY LARGO, FL 33037</b>		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CARROLL, RICHARD</b>		NAME		
STREET ADDRESS	<b>120 ANCHOR DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>KEY LARGO, FL 33037</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SILVERMAN, SANDRA</b>		NAME		
STREET ADDRESS	<b>120 ANCHOR DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>KEY LARGO, FL 33037</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ZORNIGER, FRANK</b>		NAME		
STREET ADDRESS	<b>120 ANCHOR DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>KEY LARGO, FL 33037</b>		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MOSS, EVELYN</b>		NAME		
STREET ADDRESS	<b>120 ANCHOR DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>KEY LARGO, FL 33037</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SCHNEIDER, DONALD</b>		NAME		
STREET ADDRESS	<b>120 ANCHOR DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>KEY LARGO, FL 33037</b>		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> 		<b>Evelyn MOSS</b>		<b>4-26-06</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

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04112006 Chg-NP CR2E037 (11/05)