FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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: 07/26/1973
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1508319 ☐ Applied For ☐ Not Applicable

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

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE X (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	KIRSCHNER, HENRY	12 NAME	
STREET ADDRESS	31 OCEAN REEF DR. A207	13 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO FL	14 CITY-ST-ZIP	
TITLE	DV	21 TITLE	☐ Change ☐ Addition
NAME	FLEISHER, PAUL	22 NAME	
STREET ADDRESS	31 OCEAN REEF DR #A-207	23 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO, FL 00000	24 CITY-ST-ZIP	
TITLE	P	31 TITLE	☐ Change ☐ Addition
NAME	NORRIS, CHARLES	32 NAME	
STREET ADDRESS	31 OCEAN REEF DR #A-207	33 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO, FL 00000	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	SCHOTT, MARY	42 NAME	
STREET ADDRESS	31 OCEAN REED DR., A207	43 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO, FL 00000	44 CITY-ST-ZIP	
TITLE	POA	51 TITLE	☐ Change ☐ Addition
NAME	MOSS, EVELYN	52 NAME	
STREET ADDRESS	31 OCEAN REEF DR #A-207	53 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO, FL 00000	54 CITY-ST-ZIP	
TITLE	S	61 TITLE	D ☐ Change ☐ Addition
NAME	NORRIS, NANCY	62 NAME	Bryan, Robert
STREET ADDRESS	31 OCEAN REEF DR., A207	63 STREET ADDRESS	31 Ocean Reef DRive A-207
CITY-ST-ZIP	KEY LARGO, FL 00000	64 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 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 if changed, or on an attachment with an address.

SIGNATURE: X Evelyn Moss Managing Agent 4/16/95 (305) 367-3232
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

0006782