

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 727042**

1. Entity Name

PUMPKIN CAY CONDOMINIUM APARTMENTS NO. 13, INC.**FILED****May 04, 2000 8:00 am**
Secretary of State

05-04-2000 90167 007 ****61.25

Principal Place of Business

Mailing Address

**120 ANCHOR DR
SUITE A-207
KEY LARGO FL 33037
US****100 ANCHOR DR
STE 476
KEY LARGO FL 33037-5277
US**

00044134



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

120 Anchor Drive

Suite, Apt. #, etc.

City & State

City & State
Key Largo, FL

4. FEI Number

59-1508319

Applied For

Not Applicable

Zip

Country

Zip

Country

330375. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOSS, EVELYN
100 ANCHOR DR
STE 476
KEY LARGO FL 33037**

Name

Street Address (P.O. Box Number is Not Acceptable)

120 Anchor Drive

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Delete
NAME	HARNES, HUGH	
STREET ADDRESS	100 ANCHOR DR 476	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WAITE, GEORGE	
STREET ADDRESS	100 ANCHOR DR 476	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	P	<input type="checkbox"/> Delete
NAME	NORRIS, CHARLES	
STREET ADDRESS	100 ANCHOR DR 476	
CITY-ST-ZIP	KEY LARGO, FL 00000 33037	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SCHOTT, MARY	
STREET ADDRESS	100 ANCHOR DR 476	
CITY-ST-ZIP	KEY LARGO, FL 00000 33037	
TITLE	POA	<input type="checkbox"/> Delete
NAME	MOSS, EVELYN	
STREET ADDRESS	100 ANCHOR DR 476	
CITY-ST-ZIP	KEY LARGO, FL 00000 33037	
TITLE	D	<input type="checkbox"/> Delete
NAME	DILLON, RAY	
STREET ADDRESS	100 ANCHOR DR 476	
CITY-ST-ZIP	KEY LARGO, FL 00000 33037	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	120 Anchor Drive
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	120 Anchor Drive
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	120 Anchor Drive
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	120 Anchor Drive
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	120 Anchor Drive
CITY-ST-ZIP	

CR2E037 (9/99)

12. 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 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.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-00

305-367-3232

Date

Daytime Phone #