

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

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

05-01-2006 90364 035 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                              |                                                                                            |                                                                   |                                                                                                                                                                                     |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # 727042</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                              |                                                                                            |                                                                   |                                                                                                    |  |
| <b>1. Entity Name</b><br>PUMPKIN CAY CONDOMINIUM APARTMENTS NO. 13, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                              |                                                                                            |                                                                   |                                                                                                                                                                                     |  |
| <b>Principal Place of Business</b><br>120 ANCHOR DR<br>KEY LARGO, FL 33037 US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                              |                                                                                            | <b>Mailing Address</b><br>120 ANCHOR DR<br>KEY LARGO, FL 33037 US |                                                                                                                                                                                     |  |
| <b>2. Principal Place of Business</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                              | <b>3. Mailing Address</b>                                                                  |                                                                   |                                                                                                                                                                                     |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                              | Suite, Apt. #, etc.                                                                        |                                                                   |                                                                                                                                                                                     |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                              | City & State                                                                               |                                                                   |                                                                                                                                                                                     |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Country                                                                      | Zip                                                                                        | Country                                                           | <b>4. FEI Number</b><br>59-1508319                                                                                                                                                  |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                              |                                                                                            |                                                                   | <b>Applied For</b><br><input type="checkbox"/> Not Applicable                                                                                                                       |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>MOSS, EVELYN<br>120 ANCHOR DRIVE<br>KEY LARGO, FL 33037                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                              |                                                                                            |                                                                   | <b>7. Name and Address of New Registered Agent</b><br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <span style="float: right;">FL</span> Zip Code |  |
| <b>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.</b>                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              |                                                                                            |                                                                   |                                                                                                                                                                                     |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                              |                                                                                            |                                                                   |                                                                                                                                                                                     |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                              | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> |                                                                   | <b>\$5.00 May Be<br/>Added to Fees</b>                                                                                                                                              |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                              | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                               |                                                                   |                                                                                                                                                                                     |  |
| <b>TITLE</b><br>VD<br><b>NAME</b><br>HARNESS, HUGH<br><b>STREET ADDRESS</b><br>120 ANCHOR DR<br><b>CITY-ST-ZIP</b><br>KEY LARGO, FL 33037                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input checked="" type="checkbox"/> Delete                                   |                                                                                            |                                                                   |                                                                                                                                                                                     |  |
| <b>TITLE</b><br>SD<br><b>NAME</b><br>GRUNOW, JOHN<br><b>STREET ADDRESS</b><br>120 ANCHOR DRIVE<br><b>CITY-ST-ZIP</b><br>KEY LARGO, FL 33037                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> Delete                                   |                                                                                            |                                                                   |                                                                                                                                                                                     |  |
| <b>TITLE</b><br>PD<br><b>NAME</b><br>SUTHERLAND, RON<br><b>STREET ADDRESS</b><br>120 ANCHOR DR.<br><b>CITY-ST-ZIP</b><br>KEY LARGO, FL 33037                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Delete                                              |                                                                                            |                                                                   |                                                                                                                                                                                     |  |
| <b>TITLE</b><br>POA<br><b>NAME</b><br>MOSS, EVELYN<br><b>STREET ADDRESS</b><br>120 ANCHOR DRIVE<br><b>CITY-ST-ZIP</b><br>KEY LARGO, FL 33037                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Delete                                              |                                                                                            |                                                                   |                                                                                                                                                                                     |  |
| <b>TITLE</b><br>D<br><b>NAME</b><br>BRYAN, ROBERT<br><b>STREET ADDRESS</b><br>120 ANCHOR DRIVE<br><b>CITY-ST-ZIP</b><br>KEY LARGO, FL 33037                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> Delete                                   |                                                                                            |                                                                   |                                                                                                                                                                                     |  |
| <b>TITLE</b><br>D<br><b>NAME</b><br>BENITEZ, MARY<br><b>STREET ADDRESS</b><br>120 ANCHOR DRIVE<br><b>CITY-ST-ZIP</b><br>KEY LARGO, FL 33037                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Delete                                              |                                                                                            |                                                                   |                                                                                                                                                                                     |  |
| <b>TITLE</b><br>VD<br><b>NAME</b><br>McLaughlin, Greg<br><b>STREET ADDRESS</b><br>120 Anchor Drive,<br><b>CITY-ST-ZIP</b><br>Key Largo, FL 33037                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |                                                                                            |                                                                   |                                                                                                                                                                                     |  |
| <b>TITLE</b><br>D<br><b>NAME</b><br>Kirschner, Henry<br><b>STREET ADDRESS</b><br>120 ANchor Drive<br><b>CITY-ST-ZIP</b><br>Key Largo, FL 33037                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |                                                                                            |                                                                   |                                                                                                                                                                                     |  |
| <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                                                                                            |                                                                   |                                                                                                                                                                                     |  |
| <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                                                                                            |                                                                   |                                                                                                                                                                                     |  |
| <b>TITLE</b><br>D<br><b>NAME</b><br>Smith, Philip<br><b>STREET ADDRESS</b><br>120 Anchor Drive<br><b>CITY-ST-ZIP</b><br>Key Largo, FL 33037                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |                                                                                            |                                                                   |                                                                                                                                                                                     |  |
| <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                                                                                            |                                                                   |                                                                                                                                                                                     |  |
| <b>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> |                                                                              |                                                                                            |                                                                   |                                                                                                                                                                                     |  |
| <b>SIGNATURE:</b> <i>Evelyn Moss</i> <b>Evelyn Moss</b> <b>4-26-06</b> <b>305-367-3232</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                              |                                                                                            |                                                                   |                                                                                                                                                                                     |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                              |                                                                                            |                                                                   |                                                                                                                                                                                     |  |

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04112006 Chg-NP CR2E037 (11/05)

**\$8.75 Additional  
Fee Required**