

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90018 034 \*\*\*\*61.25

**DOCUMENT # 727042**

1. Entity Name

**PUMPKIN CAY CONDOMINIUM APARTMENTS NO. 13, INC.**



Principal Place of Business

Mailing Address

120 ANCHOR DR  
KEY LARGO FL 33037  
US

120 ANCHOR DR  
KEY LARGO FL 33037  
US



2. Principal Place of Business - No P.O. Box #

**10 Barracuda Lane**

3. Mailing Address

**10 Barracuda Lane**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/06)

City & State

**Key Largo, FL**

City & State

**Key Largo, FL**

4. FEI Number

**59-1508319**

Applied For

Not Applicable

Zip

**33037**

Country

**USA**

Zip

**33037**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MOSS, EVELYN  
120 ANCHOR DRIVE  
KEY LARGO FL 33037**

7. Name and Address of New Registered Agent

Name

**Moss, Evelyn**

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

**10 Barracuda Lane**

City

**Key Largo,**

**FL**

Zip Code  
**33037**

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

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	MCLAUGHLIN, GREG	
STREET ADDRESS	120 ANCHOR DR	
CITY - ST - ZIP	KEY LARGO FL 33037	
TITLE	D	<input type="checkbox"/> Delete
NAME	KIRSCHNER, HENRY	
STREET ADDRESS	120 ANCHOR DR	
CITY - ST - ZIP	KEY LARGO FL 33037	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SUTHERLAND, RON	
STREET ADDRESS	120 ANCHOR DR.	
CITY - ST - ZIP	KEY LARGO FL 33037	
TITLE	POA	<input type="checkbox"/> Delete
NAME	MOSS, EVELYN	
STREET ADDRESS	120 ANCHOR DRIVE	
CITY - ST - ZIP	KEY LARGO FL 33037	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, PHILIP	
STREET ADDRESS	120 ANCHOR DR	
CITY - ST - ZIP	KEY LARGO FL 33037	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENITEZ, MARY	
STREET ADDRESS	120 ANCHOR DRIVE	
CITY - ST - ZIP	KEY LARGO FL 33037	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McLaughlin, Greg	
STREET ADDRESS	10 Barracuda Lane	
CITY - ST - ZIP	Key Largo, FL 33037	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kirschner, Henry	
STREET ADDRESS	10 Barracuda Lane	
CITY - ST - ZIP	Key Largo, FL 33037	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sutherland, Ronald	
STREET ADDRESS	10 Barracuda Lane	
CITY - ST - ZIP	Key Largo, FL 33037	
TITLE	POA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Moss, Evelyn	
STREET ADDRESS	10 Barracuda Lane	
CITY - ST - ZIP	Key Largo, FL 33037	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Smith, Philip	
STREET ADDRESS	10 Barracuda Lane	
CITY - ST - ZIP	Key Largo, FL 33037	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Benitez, Mary	
STREET ADDRESS	10 Barracuda Lane	
CITY - ST - ZIP	Key Largo, FL 33037	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

**SIGNATURE:**

*Evelyn Moss*

**Evelyn Moss**

**4/23/07**

**305-367-3232**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #