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 MAR 10 PM 8:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 730137 (7)

1. Corporation Name
PUMPKIN CAY CONDOMINIUM APARTMENTS NO. 9, INC.

Principal Place of Business
31 OCEAN REEF DR. S-C300
KEY LARGO FL 33037

Mailing Address
100 ANCHOR DRIVE, 157
KEY LARGO FL 33037
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/05/1974
3a. Date of Last Report: 03/23/1994
4. FEI Number: 59-1536692 — Applied For / Not Applicable

2. Principal Place of Business
21 100 Anchor Dr.
Suite, Apt. #, etc. 22
City & State 23 Key Largo, FL
Zip 24 33037 Country 25 USA

2a. Mailing Address
26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 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
BLACK, PARKER A.
100 ANCHOR DR., #157
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
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	T	1.1 TITLE	☐ Change ☐ Addition
NAME	Hayes, Thomas J.	1.2 NAME	
STREET ADDRESS	100 ANCHOR DRIVE, 157	1.3 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	☐ Change ☐ Addition
NAME	NEWELL, THADDEUS	2.2 NAME	
STREET ADDRESS	100 ANCHOR DR., #157	2.3 STREET ADDRESS	
CITY-ST-ZIP	N. KEY LARGO FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	WARNER, WILLIAM	3.2 NAME	
STREET ADDRESS	100 ANCHOR DRIVE, 157	3.3 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	MAY, BEVERLY	4.2 NAME	
STREET ADDRESS	100 ANCHOR DR, A57	4.3 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO FL	4.4 CITY-ST-ZIP	
TITLE	P	5.1 TITLE	☐ Change ☐ Addition
NAME	BLAYLOCK, BRADLEY	5.2 NAME	
STREET ADDRESS	100 ANCHOR DRIVE, 157	5.3 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO FL	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	☐ Change ☐ Addition
NAME	BLACK, PARKER	6.2 NAME	
STREET ADDRESS	100 ANCHOR DRIVE, 157	6.3 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO FL	6.4 CITY-ST-ZIP	

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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/95 Date (305) 367-3945 Daytime Phone #

000010