FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 730137 (7)

1. Corporation Name

PUMPKIN CAY CONDOMINIUM APARTMENTS NO. 9, INC.

Principal Place of Business	Mailing Address
120 ANCHOR DR KEY LARGO FL 33037 US	100 ANCHOR DRIVE. 157 KEY LARGO FL 33037 US

3. Date Incorporated or Qualified: 07/05/1974	3a. Date of Last Report: 03/10/1995
4. FEI Number: 59-1536692	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T D	☐ DELETE	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 D	☐ DELETE	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	☐ DELETE	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~~	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	~~MAY, BEVERLY~~		4.2 NAME		
STREET ADDRESS	~~100 ANCHOR DR, A57~~		4.3 STREET ADDRESS	200001850552	
CITY-ST-ZIP	~~KEY LARGO FL~~		4.4 CITY-ST-ZIP	-06/04/96--01133--033	
TITLE	P D	☐ DELETE	5.1 TITLE	***61.25	☐ 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~~	☒ DELETE	6.1 TITLE	SD	☒ Change ☐ Addition
NAME	BLACK, PARKER		6.2 NAME	BLACK, JANE	
STREET ADDRESS	100 ANCHOR DRIVE, 157		6.3 STREET ADDRESS	100 ANCHOR DR #157	
CITY-ST-ZIP	KEY LARGO FL		6.4 CITY-ST-ZIP	KEY LARGO FL 33037	

6-4-96

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: Jane Black · JANE BLACK — 4/28/96 — 305-367-3945
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)