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**NONPROFIT** CORPORATION ANNUAL REPORT

1997



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Apr 23 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

730137

(7)

PUMPK	KIN CAY CONDOMINIU	M APARTMENTS NO. 9,	INC.		
Principal Place	e of Business	Mailing Address		T REALIST CORRUP CITIL MOTOR LYBOR HELES SA	AT ATRIC BIRTT BIRTT BERTE BIRTT BIRTT (ARC
120 ANCHOR D KEY LARGO FL US		100 ANCHOR DRIVE. 1 KEY LARGO FL 33037: US		Date Incorporated or Qualified	3a. Date of Last Report
				07/05/1974	06/04/1996
	lace of Business	28. Mailing Address	<del></del>	4. FEI Number 59-1536692	Applied For
21 Suite Act # at-		26 Sullo Apt # ota		39 1330092	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zıp	Country	8. This corporation has liability for in	stangible tax under s. 199.032,
24	25	29	30		Yes No
	9. Name and Address of C	Current Registered Agent		10. Name and Address of New Reg	Istered Agent
			81 Name <b>7</b>	BLACK JANE	
	PARKER A.		82 Street Add	dress (P.O. Box Number is Not Acceptable ANCHOR DR #	6)
	CHOR DR., #157			O HNCHOR DR #	15 7
KEY LAF	RGO FL 33037		83		
Ì			84 City 1/2	-1/1000	85 Zip Code
				Y LARGO	FL 33037
[ 11. Pursuant	to the provisions of Sections 61	17.0502 and 617.1508, Florida St	tatules, the above-named corp	rporation submits this statement for the pu	rpose of changing its registered
I Office or r	registerea agent, of Doth, in the	i State of Florida. Such change v	vas authorized by the corpora	ation's board of directors. I hereby accept	the appointment as registered in
office or r agent. I a	registered agent, or both, in the im fair liar with, and accord the	State of Florida. Such change v obligations of, Section 617.0503	vas authorized by the corpora 3, Florida Statutes.	poration submits this statement for the pu ation's board of directors. I hereby accept	the appointment as registered
office or r agent. I a SIGNATURE	Vane Gla	SID VAN	E BLACK		the appointment as registered  1-7-97
SIGNATURE	Signature, typed or printed name of registr	ered agent and title if a phicable.	(NOTE: Registered Agent algnature requ	vired when reinstating)	1-7-97 DATE
SIGNATURE	Signature, typed or printed name of registr	SID VAN	(NOTE: Registered Agent signature required)  13.		1-7-97 DATE
SIGNATURE	Sloraure, typed or printed name of registe  OFFICER	ered aront and title if a phicable.  AS AND DIRECTORS	(NOTE: Rogislered Agent signature required)  13.	vired when reinstating)	DATE ERS AND DIRECTORS IN 12
SIGNATURE  12.  TITLE  NAME	Signature typed or printed name of registre of the state	ered agont and title if a proable.  RS AND DIRECTORS  DELETE	(NOTE: Registered Agent signature required 13.  1.1 TITLE  1.2 NAME	vired when reinstating)	DATE ERS AND DIRECTORS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature typed or printed name of registrem of the state	ered agont and title if a proable.  RS AND DIRECTORS  DELETE	(NOTE: Regislered Agent signature required 13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS	vired when reinstating)	DATE ERS AND DIRECTORS IN 12
SIGNATURE  12.  TITLE  NAME	Signature typed or printed name of registre of the state	ered agont and title if a proable.  RS AND DIRECTORS  DELETE	(NOTE: Rogistored Apent signature required 13.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	vired when reinstating)	DATE ERS AND DIRECTORS IN 12
SIGNATURE  12.  ITILE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature typed or printed name of regets OFFICEF TD HAYES, THOMAS J. 100 ANCHOR DRIVE, 15 KEY LARGO FL	ered agont and title if a phosphic RS AND DIRECTORS DELETE	(NOTE: Registered Apent signature required 13.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	vired when reinstating)	DATE ERS AND DIRECTORS IN 12 Change Addition
SIGNATURE  12.  IITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signaure, typed or printed name of regets OFFICEF TD HAYES, THOMAS J. 100 ANCHOR DRIVE, 15 KEY LARGO FL VPD	ered agont and title if a phosphe.  RS AND DIRECTORS  DELETE	(NOTE: Registered Agent signature required 13.  1.1 YITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE	vired when reinstating)	DATE ERS AND DIRECTORS IN 12 Change Addition
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4. I do 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 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.