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Apr 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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 33037-5277 US

3. Date Incorporated or Qualified: 07/05/1974
3a. Date of Last Report: 06/04/1996

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

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

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: BLACK JANE
82 Street Address (P.O. Box Number is Not Acceptable): 100 ANCHOR DR # 157
83
84 City: KEY LARGO FL 85 Zip Code: 33037

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: Jane Black S/D JANE BLACK 4-7-97
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	TD	☒ 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	VPD	☐ 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	DT	☐ 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	PD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BLAYLOCK, BRADLEY		4.2 NAME	
STREET ADDRESS	100 ANCHOR DRIVE, 157		4.3 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO FL		4.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	BLACK, JANE		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		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. 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.

SIGNATURE: Jane Black JANE BLACK 4-7-97 305-367-2645