NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # 730137**

1. Corporation Name

PUMPKIN CAY CONDOMINIUM APARTMENTS NO. 9, INC.

Principal Place of Busi	ness
120 ANCHOR DR	
KEY LARGO FL 33037	•
110	

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

Mailing Address

100 ANCHOR DRIVE. 157

KEY LARGO FL 33037

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

FILED May 01, 1999 8:00 am § Secretary of State

05-01-1999 90042 021 ****61.25



Applied For

\$8.75 Additional

Fee Required

Not Applicable

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

-59-1536692 23-7433824

07/05/1974

4. FEI Number

Zip	. Country	Zip	Country	6. Election Campaign Financing	\$5,00 1			
24	25	29	30	Trust Fund Contribution	Added to	Fees		
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
			81 Name	Evelyn Moss		ŀ		
BLACK, JA	ANE .		82 Stree	t Address (P.O. Box Number is Not Acceptable)				
	10R DR., #157		02 31188	I Address (F.O. Box regimber is net Acceptable)		1		
	10h Dh., #15/		83					
476	O EL 00007			120 Anchor Drive				
NET LANG	GO FL 33037		84 City	Key Largo F	85 Zip C	ode 3037		
44 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2								
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.								
agent. I am familiar with, and accept the obligations of Section 617.0503, Florida Statutes.								
SIGNATURE TOURS TO THE TOURS TO THE SIGNATURE								
			: Registered Agent signatur	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12		
12.	PD OFFICERS AND	DIRECTORS DELETE	1.1 TITLE		Change	Addition		
TITLE	' T	2,00000	1.2 NAME	TD Newell, Thaddeus		_		
NAME	NEWELL, THADDEUS		1	100 3 1 5 1 1476	÷	ļ		
STREET ADDRESS	100 ANCHOR DR 476		1.3 STREET ADDRES	-		-		
CITY-ST-ZIP	N. KEY LARGO FL 33037		1.4 CITY-ST-ZIP	Key Largo, FL 33037	Tenange	☐ Addition		
TITLE	D .	☐ DELETE	2.1 TITLE	VD	Lipenange	☐ AUGILION		
NAME	HOWLAND, GEORGE		2.2 NAME	Howland, George		į		
STREET ADDRESS	,		2.3 STREET ADDRES		i			
CITY-ST-ZIP	KEY LARGO FL 33037		2. 4 CITY-ST-ZIP	Key Largo, FL:33037				
TITLE	PD	_ DEFELE	3.1 TITLE	D	☐ Change	☐ Addition		
NAME	BLAYLOCK, BRADLEY		3.2 NAME	Ferro, Michael				
STREET ADDRESS	100 ANCHOR DR 476		3.3 STREET ADDRES					
CITY-ST-ZIP	KEY LARGO FL 33037		3.4. CITY-ST-ZIP	Key Largo, FL 33037				
TITLE	S	☐ DELETE	4.1 TITLE	D	Change	☐-Addition		
NAME	MOSS, EVELYN		4. 2 NAME	Krause, Paul		Ì		
STREET ADDRESS	400 4000000 00 4707		4.3 STREET ADDRES	s 100 Anchor Drive #476				
CITY-ST-ZIP	KEY LARGO FL 33037		4.4 CITY-ST-ZIP	Key Largo, FL 33037	<u>•.</u>			
TILE	,	☐ DELETE	5.1 TITLE		Change	☐ Addition		
NAME	- ,		5.2 NAME			Ī		
STREET ADORESS			5.3 STREET ADDRES	s		Į		
CITY-ST-ZIP			5.4 CITY-ST-ZIP	.				
TITLE	-	☐ DELETE	6.1 TITLE		Change	Addition		
NAME	· '	. —	6.2 NAME			•		
	l		6.3 STREET ADDRES	s		.		
STREET ADDRESS				1				

14. I 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, with all other like empowered.

SIGNATURE: