2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 09, 2002 8:00 amg Secretary of State **DOCUMENT # 730137** 1. Entity Name PUMPKIN CAY CONDOMINIUM APARTMENTS NO. 9, INC. 05-09-2002 90054 025 ****61.25 Principal Place of Business Mailing Address 120 ANCHOR DR 120 ANCHOR DRIVE KEY LARGO FL 33037 KEY LARGO FL 33037 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 23-7433824 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name-MOSS, EVELYN Street Address (P.O. Box Number is Not Acceptable) 120 ANCHOR DRIVE [™]KEY LARGO FL 33037 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Make Check Payable to Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE TD ☐ Delete TITLE (9/01) Change ☐ Addition NAME NEWELL, THADDEUS NAME STREET ADDRESS 120 ANCHOR DRIVE STREET ADDRESS CITY-ST-7IP N. KEY LARGO FL 33037 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME HOWLAND, GEORGE NAME STREET ADDRESS 120 ANCHOR DRIVE STREET ADDRESS CITY-ST-ZIP KEY LARGO FL 33037 CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME CAFFERTY, THOMAS NAME STREET ADDRESS 120 ANCHOR DRIVE STREET ADDRESS CITY-ST-ZIP KEY LARGO FL 33037 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME MOSS, EVELYN NAME STREET ADDRESS 120 ANCHOR DRIVE STREET ADDRESS

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

TITLE

NAME

TITLE

NAME

☐ Delete

☐ Delete

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

NAME

<u>KEY LARGO FL 33037</u>

FERRO, MICHAEL

KRAUSE, PAUL

120 ANCHOR DRIVE

120 Anchor Drive

KEY LARGO FL 33037

KEY LARGO FL 33037

Evelyn Moss

4-22-02

☐ Change

☐ Addition

Addition

305-367-3232