

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90289 031 ****61.25

**2005 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

14017508



DOCUMENT # 743617					
1. Entity Name PUMPKIN CAY GARDEN HOME CONDOMINIUM, INC.					
Principal Place of Business 120 ANCHOR DR KEY LARGO, FL 33037 US			Mailing Address 120 ANCHOR DR KEY LARGO, FL 33037 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1900470	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MOSS, EVELYN 120 ANCHOR DRIVE KEY LARGO, FL 33037			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME GRUNOW, JOHN STREET ADDRESS 120 ANCHOR DR CITY-ST-ZIP KEY LARGO, FL 33037	<input type="checkbox"/> Delete				
TITLE POA NAME MOSS, EVELYN STREET ADDRESS 120 ANCHOR DR CITY-ST-ZIP N. KEY LARGO, FL 33037	<input type="checkbox"/> Delete				
TITLE VD NAME WRIGHT, DON STREET ADDRESS 120 ANCHOR DR. CITY-ST-ZIP KEY LARGO, FL 33037	<input type="checkbox"/> Delete				
TITLE D NAME GOODMAN, JACK STREET ADDRESS 120 ANCHOR DR CITY-ST-ZIP KEY LARGO, FL 33037	<input type="checkbox"/> Delete				
TITLE STD NAME SCHMIDT, JUDY STREET ADDRESS 120 ANCHOR DR CITY-ST-ZIP KEY LARGO, FL 33037	<input type="checkbox"/> Delete				
TITLE SD NAME PETERSON, SHERMAN STREET ADDRESS 120 ANCHOR DR. CITY-ST-ZIP KEY LARGO, FL 33037	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.					
SIGNATURE: <i>Evelyn Moss</i> Managing Agent				4/15/05 305-367-3232	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	