

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2006 DEC 28 PM 4:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # N05000006636</b> 1. Entity Name CALYPSO CAY CONDOMINIUM ASSOCIATION INC.					
Principal Place of Business 4780 NW 9th ct PLANTATION, FL 33317			Mailing Address 4780 NW 9th ct PLANTATION FL 33317		
2. Principal Place of Business 2035 HARDING STREET		3. Mailing Address 2035 Harding Street			
Suite, Apt. #, etc. SUITE 200		Suite, Apt. #, etc. STE 200			
City & State HOLLYWOOD, FL		City & State HOLLYWOOD, FL		4. FEI Number Applied For Not Applicable	
Zip 33020		Country USA		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  VALLE, MARIA F ESQ. 3750 NW 87th AVE STE 100 MIAMI, FL 33178			7. Name and Address of New Registered Agent Name <b>ANDREW MEYROWITZ /o DCI</b> Street Address (P.O. Box Number is Not Acceptable) 2035 HARDING STREET, STE 200 HOLLYWOOD 33020 City <b>FL</b> 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 <small>Signature, typed or printed name of registered agent and title if applicable</small>			(NOTE: Registered Agent signature required when reinstating)		
<b>FILE NOW!!! FEE IS \$61.25</b> After January 1, 2007, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KARSON, ARDEN M 4780 NW 9TH CT PLANTATION, FL 33317	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ARDEN M KARSON 17501 BISCAYNE BLVD, STE 300 AVENTURA, FL 33160	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RISMILLER, W. TAYLOR 4780 NW 9TH CT PLANTATION, FL 33317	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HEATHER MONTOYA 4160 NW 21ST, #B-140 LAUDERHILL, FL 33319 (DIRECTOR)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GERACI, HEATHER 4780 NW 9TH CT PLANTATION, FL 33317	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER/SECRETARY HEATHER GERACI 17501 BISCAYNE BLVD, STE 300 AVENTURA, FL 33160	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100082813381 12/28/06--01010--015 **61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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"/> Delete	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 exemptions contained in Chapter 119, 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>12.19.06</b> Daytime Phone #		

12/28/06