


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT AR

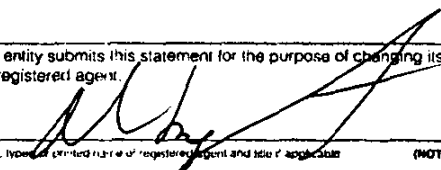
DOCUMENT # N05000006636			
1. Entity Name CALYPSO CAY CONDOMINIUM ASSOCIATION INC.			
Principal Place of Business 4780 NW 9TH CT PLANTATION, FL 33317		Mailing Address 4780 NW 9TH CT PLANTATION, FL 33317	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
10182006 REIN-NP		CR2E099 (11/05)	
4. FEI Number		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

FILED
07 MAY 22 PM 2:06



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: Andrew Meyrowitz, c/o DCI Association Svcs. Street Address (P.O. Box Number is Not Acceptable): 2035 Harding Street, Suite 200 City: Hollywood FL Zip Code: 33020	
--	--	--	--

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:  4/19/07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 13A-1


FILE NOW!!! FEE IS \$61.25 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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HEATHER MONTOYA 4160 NW 21ST ST. B14D FT. LAUDERHILL, FL 33313 <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	VP AURA RUIZ 4160 NW 21ST ST. G106 LAUDERHILL, FL 33313 <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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S JANETTE ABTD 4160 NW 21ST - B141 LAUDERHILL, FL 33313 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ANNETTE DANIELS 4160 NW 21ST - B103 LAUDERHILL, FL 33313 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D. JEAN LIBBECCA 4160 NW 21ST - G115 LAUDERHILL, FL 33313 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	70010389337 06/05/07--01010--019 **\$61.25 <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:  4/20/07 954-7445-1170

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Officer Phone #