
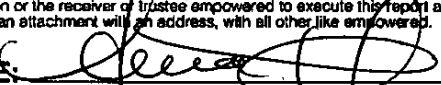


FILED
May 29, 2008 8:00 am
Secretary of State

05-29-2008 90199 041 ****61.25

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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 - No P.O. Box # 5300 Powerline Rd Suite, Apt. #, etc. # 200A		3. Mailing Address 5300 Powerline Rd Suite, Apt. #, etc. # 200A	
City & State Ft. LAUDERDALE FL		City & State Ft. LAUDERDALE FL	
Zip 33309	Country BROWARD	Zip 33309	Country BROWARD
4. FEI Number APPLIED FOR		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MEYROWITZ, ANDREW C/O DCI 2035 HARDING STREET, STE 200 HOLLYWOOD, FL 33020		7. Name and Address of New Registered Agent Name: BARBARA HERNON Street Address (P.O. Box Number is Not Acceptable) 12112 U.S.A TODAY WAY C/O DCI City: MIRAMAR FL Zip Code: 33025	
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. (NOTE: Registered Agent signature required when re-registering)</small> DATE _____			
Filing Fee is \$61.25 Due by May 1, 2008		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			
TITLE	P	<input checked="" type="checkbox"/> Delete	
NAME	MONTOYA, HEATHER		
STREET ADDRESS	4160 NW 21ST ST B140		
CITY-ST-ZIP	FT LAUDERHILL, FL 33313		
TITLE	V	<input type="checkbox"/> Delete	
NAME	RUIZ, AURA		
STREET ADDRESS	4160 NW 21ST ST G106		
CITY-ST-ZIP	LAUDERHILL, FL 33313		
TITLE	S	<input type="checkbox"/> Delete	
NAME	REID, JANETTE		
STREET ADDRESS	4160 NW 21ST ST B141		
CITY-ST-ZIP	LAUDERHILL, FL 33313		
TITLE	T	<input type="checkbox"/> Delete	
NAME	DANIELS, ANNETTE		
STREET ADDRESS	4160 NW 21ST ST B103		
CITY-ST-ZIP	LAUDERHILL, FL 33313		
TITLE	D	<input type="checkbox"/> Delete	
NAME	LIBECCA, JEAN		
STREET ADDRESS	4160 NW 21ST ST G115		
CITY-ST-ZIP	LAUDERHILL, FL 33313		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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: 		Date: 4-30-08	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	