N05000006636

(Requestor's Name)					
(Ad	dress)				
(Address)					
(Cit	y/State/Zip/Phone	#)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nam	e)			
					
(Do	cument Number)				
Certified Copies	Certificates	of Status			
Special Instructions to Filing Officer:					
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SECRETARY OF START

R.A. Chonge C.COULLIETTE

DEC 29 2009

EXAMINER

COVER LETTER

TO: Amendmen Division of	t Section Corporations					
SUBJECT:	CALYPSO CAY CONDO	OMINIUM ASSN., INC. Corporation	-			
DOCUMENT NUM	MBER: NO	5000006636	_			
The enclosed Staten	nent of Change of Registered Off	ice/Agent and fee are submitted for f	iling.			
Please return all cor	respondence concerning this mat	ter to the following:				
	STEVEN	S. VALANCY				
-	Name of C	Contact Person	-			
		VALANCY, P.A.				
	Firm/	Company				
	044.05.40	OTIL OTDEET				
		BTH STREET Idress	•			
	710	idicss				
		I E ELODIDA 22216				
FORT LAUDERDALE, FLORIDA 33316 City/State and Zip Code						
	n					
		allpropsys.net future annual report notification)	<u>.</u>			
	D man address. (to be ased for	Tatale alliaar report notification)				
For further informat	tion concerning this matter, pleas	e call:				
	DONNA AVEN ne of Contact Person	at (954) 463 Area Code & Daytime Tele	3-1600 phone Number			
7 4417	,	mod dodd ac Daytime Tele				
Enclosed is a \$35.00	0 check made payable to the Dep	artment of State.				
	Maritima Addreson	Ctuoot Addusons				
	Mailing Address: Amendment Section	Street Address: Amendment Section				
	Division of Corporations	Division of Corporation	ons			
	P.O. Box 6327	Clifton Building				
	Tallahassee, FL 32314	2661 Executive Cente				
		Tallahassee, FL 32301	i			

TO:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a cor	poration organized	607.1508, or 617.1508, Flo I under the laws of the Sta I agent, or both, in the Stat	te of FLORIDA
2. The principal	he corporation: <u>CALYF</u> office address: <u>C/O ALL</u> 19439, PLANTATIOI	IANCE PROP	ERTY SYSTEMS	SOCIATION, INC.
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification:	06/27/05	Document number:	N05000006636
	street address of the curre tment of State: (If resigne		t and registered office on f	ile with the
	SKRBIN, GEORGE	PRES		
	C/O ASSOCIATION	SERVICES C	F FLORIDA	
	10112 USA TODAY	WAY, MIRAM	AR, FLORIDA 3302	5
6. The name and (if changed):			f changed) and /or register	-6 9
	311 SE 13TH STRE	ET		
	FORT LAUDERDAL	P.O. Box NOT ac LE, FLORIDA		
The street addre	ess of its registered office be identical.	and the street add	dress of the business offic	ce of its registered agent,
Such change wa authorized by the	as authorized by resolutione board, or the corporation of the corporat	on duly adopted boon has been notifi	y its board of directors or led in writing of the chang Printed or typed nan	by an officer so
		accept the obliga a change in the r of this change.		ity. nd complete performance zistered agent. Or, if this I hereby confirm that the
	nature of Registered Agent		Date	
•	EVEN S. VALANCY			
	voed or Printed Name	 		

* * * FILING FEE: \$35.00 * * *