


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # N30690
 1. Entity Name
CALYPSO CAY PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business 359 CAROLINA AVE WINTER PARK, FL 32789 US	Mailing Address 359 CAROLINA AVE WINTER PARK, FL 32789 US
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01042007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2992489	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

**DOWNING, GRANT T
 GODBOLD, DOWNING, SHEAHAN & BILL, P.A.
 222 WEST COMSTOCK AVE
 WINTER PARK, FL 32789**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2007**

8. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PUGH, JAMES H JR. 359 CAROLINA AVE WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BRADLEY, STEVE 359 CAROLINA AVE WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RIVA, KYLE 359 CAROLINA AVE WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JACOBY, GREG 359 CAROLINA AVE WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/31/07-80007-021 61.25

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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: _____ **1/17/07** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #