

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000006636

**FILED**  
**Mar 15, 2018**  
**Secretary of State**  
**CC5123055430**

**Entity Name:** CALYPSO CAY CONDOMINIUM ASSOCIATION INC.

**Current Principal Place of Business:**

% ON CALL MANAGEMENT, LLC  
4502 INVERRARY BOULEVARD  
LAUDERHILL, FL 33319

**Current Mailing Address:**

4502 INVERRARY BOULEVARD  
LAUDERHILL, FL 33319 US

**FEI Number:** 20-3536922

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ON CALL MANAGEMENT, LLC  
4502 INVERRARY BOULEVARD  
LAUDERHILL, FL 33319 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name BAKER, DARRYL  
Address 4502 INVERRARY BOULEVARD  
City-State-Zip: LAUDERHILL FL 33319

Title D  
Name GREEN, CHERYL  
Address 4502 INVERRARY BOULEVARD  
City-State-Zip: LAUDERHILL FL 33319

Title T  
Name CADET, JULIEN  
Address 4502 INVERRARY BOULEVARD  
City-State-Zip: LAUDERHILL FL 33319

Title S  
Name JAGLAL, DENISE  
Address 4502 INVERRARY BOULEVARD  
City-State-Zip: LAUDERHILL FL 33319

Title VP  
Name CHEVEZ, KATHERINE  
Address 4502 INVERRARY BOULEVARD  
City-State-Zip: LAUDERHILL FL 33319

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** KATHERINE CHEVEZ

VP

03/15/2018

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date