

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 07, 2004 8:00 am
Secretary of State

06-07-2004 90004 027 ****61.25



DOCUMENT # N00000008476

1. Entity Name

CALYPSO CAY VACATION VILLAS OWNERS ASSOCIATION, INC.

Principal Place of Business

4951 CALYPSO CAY WAY
 KISSIMMEE FL 34746

Mailing Address

4951 CALYPSO CAY WAY
 KISSIMMEE FL 34746

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

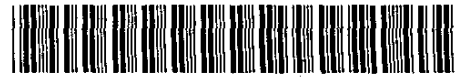
59-3721370

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



MOORE

CR2E037 (11/03)

6. Name and Address of Current Registered Agent

DOWNING, GRANT T
222 W. CONSTOCK AVE., #101
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW - FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE: **D** Delete
 NAME: **BRADLEY, STEPHEN W**
 STREET ADDRESS: **359 CAROLINA AVE.**
 CITY - ST - ZIP: **WINTER PARK FL 32789**

TITLE: **D** Delete
 NAME: **RIVA, KYLE V**
 STREET ADDRESS: **359 CAROLINA AVE.**
 CITY - ST - ZIP: **WINTER PARK FL 32789**

TITLE: **D** Delete
 NAME: **JACOBY, GREGORY**
 STREET ADDRESS: **359 CAROLINA AVE.**
 CITY - ST - ZIP: **WINTER PARK FL 32789**

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY - ST - ZIP: Delete

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY - ST - ZIP: Delete

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY - ST - ZIP: Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY - ST - ZIP: Change Addition

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY - ST - ZIP: Change Addition

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY - ST - ZIP: Change Addition

TITLE: Change Addition
 NAME: **ASST. TREASURER**
Relvini, Patricia
 STREET ADDRESS: **359 Carolina Avenue**
 CITY - ST - ZIP: **Winter Park, FL 32789**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY - ST - ZIP: Change Addition

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY - ST - ZIP: Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Greg Jacoby** **4/27/04**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #