

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90306 019 ****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**

50043682

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01132005 No Chg-NP CR2E037 (10/03)

4. FEI Number: **59-3721370** Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
DOWNING, GRANT T
222 W. CONSTOCK AVE., #101
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, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BRADLEY, STEPHEN W
STREET ADDRESS	359 CAROLINA AVE.
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	D
NAME	RIVA, KYLE V
STREET ADDRESS	359 CAROLINA AVE.
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	D
NAME	JACOBY, GREGORY
STREET ADDRESS	359 CAROLINA AVE.
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	AT
NAME	RELVINI, PATRICIA
STREET ADDRESS	359 CAROLINA AVE
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *[Signature]* **1-14-05** **407-467-0128**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #