

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008476

FILED  
Jan 26, 2011  
Secretary of State

**Entity Name:** CALYPSO CAY VACATION VILLAS OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4951 CALYPSO CAY WAY  
KISSIMMEE, FL 34746

**New Principal Place of Business:**

**Current Mailing Address:**

4951 CALYPSO CAY WAY  
KISSIMMEE, FL 34746

**New Mailing Address:**

359 CAROLINA AVE  
STE 200  
WINTER PARK, FL 32789

FEI Number: 59-3721370

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

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

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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: BRADLEY, STEPHEN W  
Address: 359 CAROLINA AVE.  
City-St-Zip: WINTER PARK, FL 32789

Title: D  
Name: RIVA, KYLE V  
Address: 359 CAROLINA AVE.  
City-St-Zip: WINTER PARK, FL 32789

Title: D  
Name: JACOBY, GREGORY  
Address: 359 CAROLINA AVE.  
City-St-Zip: WINTER PARK, FL 32789

Title: AT  
Name: RELVINI, PATRICIA  
Address: 359 CAROLINA AVE  
City-St-Zip: WINTER PARK, FL 32789

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: PATRICIA RELVINI

AT

01/26/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date