

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0094683

DOCUMENT # N00000008476



FILED

03 FEB 27 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

Change Addition
500013525955
03/05/03--01007--001 **161.25

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

Change Addition

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

Change Addition

TITLE Delete

Change Addition

TITLE Delete

Change Addition

TITLE Delete

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: *[Signature]*

1/6/03 401-997-1500

CR2E037 (10/02)