

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90196 022 ****61.25

DOCUMENT # N02000002296

1. Entity Name
**CALYPSO TOWERS RESORT COMMUNITY
ASSOCIATION, INC.**



Principal Place of Business
**15817 FRONT BEACH RD
PANAMA CITY, FL 32413**

Mailing Address
**1008 AIRPORT RD
SUITE C
DESTIN, FL 32451**

40036753



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02012008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
51-0462151

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEUCHTMAN, GARY B
501 COMMENDENCIA STREET
PENSACOLA, FL 32502**

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

**Filing Fee is \$61.25
Due by May 1, 2008**

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 ☒ **O'NEAL, ALAN** ☐ Delete
NAME
STREET ADDRESS **1390 SUNSET BEACH DRIVE**
CITY-ST-ZIP **NICEVILLE, FL 32578**

TITLE **President** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ **VOYLES, JASON** ☐ Delete
NAME
STREET ADDRESS **781 LARSON STREET**
CITY-ST-ZIP **JACKSON, MS 39202**

TITLE **Sec'y Treasurer** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ **D** ☐ Delete
NAME
STREET ADDRESS **SMITH, WILLIAM**
CITY-ST-ZIP **4039 E. CITY HIGHWAY 30-A
SEAGROVE BEACH, FL 32459**

TITLE **Vice President** ☐ Change ☒ Addition
NAME **John McCullough**
STREET ADDRESS **6289 Hawthorne**
CITY-ST-ZIP **BARTLETT, TN 38134**

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

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

TITLE ☐ ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

C. Faulk Cheryl Faulk

1/4/08

850-636-5004