2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 05, 2007 8:00 am Secretary of State

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DOCUMENT # N38216 1. Entity Name CALYPSO POINTE HOMEOWNERS' ASSOCIATION, INC.				Z/Z	Secretary of State 02-05-2007 90108 048 ****61.25					
Principal Place of Business Mailing Address 28 POINTE CIRCLE SANTA ROSA BEACH, FL 32459 US SANTA ROSA BEACH, FL 3245					170 1170k 1781 k (881 6 71)		KITATI el (24 1			
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address	Mailing Address							
Suite, Apt.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		-NP C	R2E037 (12/06)				
City & Stat	9	City & State	City & State				oplied For ot Applicable			
Zīp	Country	Zip	Country	5. Certificate of Stat	us Desired [\$8.75 Add				
	6. Name and Address of Current	Registered Agent		7. Name and Addre	ss of New Regis	tered Agent				
	SON, DUDLEY		Name							
28 POINTI SANTA RO	E CIRCLE OSA BEACH, FL 32459		Street Add	dress (P.O. Box Number is No	ot Acceptable)					
	<u></u>		City			FL Zip Cod	e			
	named entity submits this statement for tions of registered agent.	r the purpose of changing its req	gistered office or re	egistered agent, or both, in th	e State of Florida	. I am familiar with,	and accept			
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			SIGNATURE							
SIGNATURE		and this if applicable (MOTE- Pa	anistanad Anapi signah m	med when canne(sting)		DATE				
SIGNATURE	Signature, typed or printed name of registered agent in			required when rematating)		DATE				
SIGNATURE		and title if applicable. (NOTE: Re 9. Election Campa Trust Fund Con	aign Financing	\$5.00 May Be		Check payable to Department of St				
SIGNATURE	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIF	Election Campa Trust Fund Con	aign Financing	\$5.00 May Be Added to Fees ADDITIONS/CHANGES	Florida	check payable to Department of St	tate			
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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:	Sur Tutur	Sue Feetens	2-1-07	(850) 267-070	5
	BIONATURE AND TYPED OR PRINTED NAME OF SIGNORIG OFFICER OR OF	RECTOR	Clete	Ometime Phone 6	_