2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2008
Secretary of State

DOCUMENT# N38216

Entity Name: CALYPSO POINTE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

28 POINTE CIRCLE
SANTA ROSA BEACH, FL 32459 US

New Principal Place of Business:

Current Mailing Address:

28 POINTE CIRCLE
SANTA ROSA BEACH, FL 32459 US

New Mailing Address:

FEI Number: 59-3116879 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMSON, DUDLEY
28 POINTE CIRCLE
SANTA ROSA BEACH, FL 32459 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: P ( ) Delete
Name: TEETERS, SUE
Address: 89 POINTE DRIVE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: VP ( ) Delete
Name: KELLEY, TERRY
Address: 69 POINTE DRIVE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D ( ) Delete
Name: HARRIS, DON
Address: 10411 FLORIAN ROAD
City-St-Zip: LOUISVILLE, KY 40220

Title: D ( ) Delete
Name: ROBERTS, SHARON
Address: 132 POINTE CIRCLE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D ( ) Delete
Name: PUCCIANO, CAROL
Address: 1501 SILVER HILL CT
City-St-Zip: STONE MOUNTAIN, GA 30087

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SUE TEETERS P 02/05/2008

Electronic Signature of Signing Officer or Director — Date