

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38216

FILED  
Feb 05, 2009  
Secretary of State

**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: VP (X) Change ( ) Addition  
Name: ROBERTS, SHARON  
Address: 132 POINTE CIRCLE  
City-St-Zip: SANTA ROSA BEACH, FL 32459

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

Title: D (X) Change ( ) Addition  
Name: MOTT, ELAINE  
Address: 12 POINTE CIRCLE  
City-St-Zip: SANTA ROSA BEACH, FL 32459

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

02/05/2009

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

\_\_\_\_\_  
Date