

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000008476

**Entity Name:** CALYPSO CAY VACATION VILLAS OWNERS ASSOCIATION, INC.

**FILED  
Apr 05, 2020  
Secretary of State  
6198707976CC**

**Current Principal Place of Business:**

4951 CALYPSO CAY WAY  
KISSIMMEE, FL 34746

**Current Mailing Address:**

4951 CALYPSO CAY WAY  
KISSIMMEE, FL 34746

**FEI Number: 59-3721370**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

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

*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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BRADLEY, STEPHEN W  
Address        4951 CALYPSO CAY WAY  
City-State-Zip: KISSIMMEE FL 34746

Title            TREASURER, SECRETARY  
Name            MEYER, JOANNA R  
Address        4951 CALYPSO CAY WAY  
City-State-Zip: KISSIMMEE FL 34746

Title            VP  
Name            GREENE, SHERYL  
Address        4951 CALYPSO CAY WAY  
City-State-Zip: KISSIMMEE FL 34746

*I hereby 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 all other like empowered.*

**SIGNATURE: JOANNA MEYER**

**SECRETARY**

**04/05/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date