

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000000026 (5)

1. Corporation Name

CYPRESS COVE OF MARGATE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1822 SEVILLE STREET
MARGATE FL 33063

1822 SEVILLE STREET
MARGATE FL 33063

3. Date Incorporated or Qualified
01/05/1993

3a. Date of Last Report
03/29/1995

2. Principal Place of Business
21 **7497 Santa Monica Drive**

2a. Mailing Address
26 **7497 Santa Monica Drive**

4. FEI Number
65-0418612

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

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

23 City & State
Margate, FL 33063

28 City & State
Margate, FL 33063

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip
33063

25 Country
Broward

29 Zip
33063

30 Country
Broward

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LABRADOR, YANIK D
6262 BIRD RD, STE 31
MIAMI FL 33155**

81 Name
Teresa J. Pascarella
82 Street Address (P.O. Box Number is Not Acceptable)
7497 Santa Monica Drive
83
84 City
Margate **FL** 85 Zip Code
33063

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Teresa Pascarella* **Teresa Pascarella, Director & President** **4/24/96**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD LABRADOR, YANIK D 6262 BIRD RD, STE 31 MIAMI FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD Pascarella, Teresa J. 7497 Santa Monica Drive Margate, FL 33063
NAME	VD HOWARD, HELEN 6262 BIRD RD., SUITE 3-I MIAMI FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VD Pereny, Chuck 7352 Granada Way Margate, FL 33063
STREET ADDRESS	PD BALAIS, MIGUEL F 6262 BIRD RD., SUITE 3-I MIAMI FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE STD Steele, Felicia 7544 Viscaya Circle Margate, FL 33063
CITY-ST-ZIP		<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
		<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Teresa Pascarella* **Teresa Pascarella, Director & President** **4/24/96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)