


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # N93000000026
 1. Entity Name
 CYPRESS COVE OF MARGATE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: 10300 NW 11TH MANOR CORAL SPRINGS, FL 33071 US
 Mailing Address: 10300 NW 11TH MANOR CORAL SPRINGS, FL 33071 US

DO NOT WRITE IN THIS SPACE



04052005 No Chg-NP CR2E037 (10/03)
 4. FEI Number: 65-0418612 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SEVERN TRENT SERVICES
 10300 NW 11TH MANOR
 CORAL SPRINGS, FL 33071

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$61.25 Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MILLER, BRIAN
STREET ADDRESS	1905 VISTA WAY
CITY-ST-ZIP	MARGATE, FL 33063
TITLE	SD
NAME	FARRUGIA, DAVID
STREET ADDRESS	7408 VISCAYA CIRCLE
CITY-ST-ZIP	MARGATE, FL 33063
TITLE	SD
NAME	TURNER, DELTON
STREET ADDRESS	1941 BARCELONA TERRACE
CITY-ST-ZIP	MARGATE, FL 33063
TITLE	VD
NAME	LORD, MICHAEL
STREET ADDRESS	1840 BARCELONA TERRACE
CITY-ST-ZIP	MARGATE, FL 33063
TITLE	TD
NAME	GOTTESMAN, SUSAN
STREET ADDRESS	7325 VISCAYA CIR.
CITY-ST-ZIP	MARGATE, FL 33063
TITLE	SD
NAME	WEICK, RICHARD
STREET ADDRESS	7329 GRANADA WAY
CITY-ST-ZIP	MARGATE, FL 33063

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 04/22/05-80100-011 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Luis Hernandez DATE: 4/12/05 DAYTIME PHONE #: 954-753-0380