


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90122 033 \*\*\*\*61.25

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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. <i>Swift Management &amp; Solutions</i>		Suite, Apt. #, etc. <i>Swift Management &amp; Solutions</i>	
City & State <i>1750 University Dr. #205</i>		City & State <i>1750 University Dr. #205</i>	
Zip <i>Coral Springs, FL 33071</i>		Country	
4. FEI Number 65-0418612		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SEVERN TRENT SERVICES 10300 NW 11TH MANOR CORAL SPRINGS, FL 33071		Name Street Address <i>Swift Management &amp; Solutions</i> <i>1750 University Dr. #205</i> City <i>Coral Springs, FL 33071</i>	
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 <i>[Signature]</i> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, BRIAN 1905 VISTA WAY MARGATE, FL 33063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FARRUGIA, DAVID 7408 VISCAYA CIRCLE MARGATE, FL 33063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TURNER, DELTON 1941 BARCELONA TERRACE MARGATE, FL 33063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LORD, MICHAEL 1840 BARCELONA TERRACE MARGATE, FL 33063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GOTTESMAN, SUSAN 7325 VISCAYA CIR. MARGATE, FL 33063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WEICK, RICHARD 7329 GRANADA WAY MARGATE, FL 33063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>[Signature]</i>		Date: <i>2/18/06</i> Daytime Phone #: <i>954 3416346</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	