

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90346 003 ****61.25

DOCUMENT # N93000000026

1. Entity Name Cypress Cove of Margate H.O.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
10300 NW 11th Manor

3. Mailing Address
same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Coral Springs, FL

City & State

4. FEI Number
65-0418612

Applied For
Not Applicable

Zip
33071

Country
U.S.A.

Zip

Country

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

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180053898

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Severn Trent Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
10300 NW 11th Manor

City Coral Springs **FL** **Zip Code** 33071

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.

SIGNATURE

Rhonda K. Archer, V.P.

Rhonda Archer

3/18/02

Signature, Name or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

(DATE)

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD **NAME** Susan Gottesman
STREET ADDRESS 7323 Viscaya Circle
CITY - ST - ZIP Margate, FL 33063

TITLE VD **NAME** Brian Miller
STREET ADDRESS 1905 Vista Way
CITY - ST - ZIP Margate, FL 33063

TITLE SD **NAME** Michael Lord
STREET ADDRESS 1840 Barcelona Terrace
CITY - ST - ZIP Margate, FL 33063

TITLE TD **NAME** Richard Weick
STREET ADDRESS 7329 Granada Way
CITY - ST - ZIP Margate, FL 33063

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Susan Gottesman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

3/18/02

954-968-7886

Date

Daytime Phone #

CR2E037B (12/01)