

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2007 8:00 am
Secretary of State

01-24-2007 90045 049 ****61.25

60000000



01072007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0418612	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DOCUMENT # N93000000026

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



Principal Place of Business SWIFT MANAGEMENT & SOLUTIONS 1750 UNIVERSITY DR #205 CORAL SPRINGS, FL 33071 US	Mailing Address SWIFT MANAGEMENT & SOLUTIONS 1750 UNIVERSITY DR #205 CORAL SPRINGS, FL 33071 US
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SWIFT MANGEMENT & SOLUTIONS
1750 UNIVERSITY DR #205
CORAL SPRINGS, FL 33071

**DO NOT WRITE
IN THIS SPACE**

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, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
IN THIS SPACE**

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: _____ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date: 1/19/07 Daytime Phone #: 954-341-6340