

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000000026

**FILED**  
**Apr 20, 2018**  
**Secretary of State**  
**CC1311098685**

**Entity Name:** CYPRESS COVE OF MARGATE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

UNITED COMMUNITY MANAGEMENT CORP  
11784 WEST SAMPLE ROAD 103  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

UNITED COMMUNITY MANAGEMENT CORP  
11784 WEST SAMPLE ROAD 103  
CORAL SPRINGS, FL 33065 US

**FEI Number: 65-0418612**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

UNITED COMMUNITY MANAGEMENT CORP  
UNITED COMMUNITY MANAGEMENT CORP  
11784 WEST SAMPLE ROAD 103  
CORAL SPRINGS, FL 33065 US

*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: RENEE CAMPBELL**

**04/20/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            ABSTENCIO, MARITZA  
Address        UNITED COMMUNITY MANAGEMENT CORP  
                  11784 WEST SAMPLE ROAD 103  
City-State-Zip: CORAL SPRINGS FL 33065

Title            DIRECTOR  
Name            KELL, ROBERT  
Address        UNITED COMMUNITY MANAGEMENT CORP  
                  11784 WEST SAMPLE ROAD 103  
City-State-Zip: CORAL SPRINGS FL 33065

Title            SECY  
Name            WEEKES, YVETTE  
Address        UNITED COMMUNITY MANAGEMENT CORP  
                  11784 WEST SAMPLE ROAD 103  
City-State-Zip: CORAL SPRINGS FL 33065

Title            TREAS  
Name            GOTTESMAN, SUSAN  
Address        UNITED COMMUNITY MANAGEMENT CORP  
                  11784 WEST SAMPLE ROAD 103  
City-State-Zip: CORAL SPRINGS FL 33065

Title            VP  
Name            KRALJIC, JONATHAN  
Address        UNITED COMMUNITY MANAGEMENT CORP  
                  11784 WEST SAMPLE ROAD 103  
City-State-Zip: CORAL SPRINGS FL 33065

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: MARITZA ABSTENCIO**

**PRESIDENT**

**04/20/2018**

Electronic Signature of Signing Officer/Director Detail

Date