

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000000026

**FILED**  
**Mar 03, 2014**  
**Secretary of State**  
**CC8719368318**

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

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number: 65-0418612**

**Certificate of Status Desired: No**

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

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

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name LORD, MICHAEL  
Address 1840 BARCELONA TERRACE  
City-State-Zip: MARGATE FL 33063

Title VPD  
Name FARRUGIA, DAVID  
Address 7408 VISCAYA CIRCLE  
City-State-Zip: MARGATE FL 33063

Title D  
Name WEEKES, YVETTE  
Address 2001 BARCELONA TR  
City-State-Zip: MARGATE FL 33063

Title SD  
Name GOTTESMAN, SUSAN  
Address 7325 VISCAYA CIR.  
City-State-Zip: MARGATE FL 33063

*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: MICHAEL LORD**

**PRESIDENT**

**03/03/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date