

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90044 017 ****61.25

DOCUMENT # N01000006262

1. Entity Name
MARGATE BUSINESS PARK OWNERS ASSOCIATION,
INC.



Principal Place of Business
SWIFT MANEGMENT & SOLUTIONS
1750 UNIVERISTY DR #205
POMPANO BEACH, FL 33071

Mailing Address
SWIFT MANEGMENT & SOLUTIONS
1750 UNIVERISTY DR #205
POMPANO BEACH, FL 33071

40017633



DO NOT WRITE IN THIS SPACE

01302005 No Chg-NP CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SWIFT MANAGEMENT & SOLUTIONS
1750 UNIVERSITY DR #205
POMPANO BEACH, 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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SWIFT, NICOLE
STREET ADDRESS 1750 UNIVERSITY DR #205
CITY-ST-ZIP POMPANO BEACH, FL 33071

TITLE D
NAME SWIFT, CHUCK
STREET ADDRESS 1750 UNIVERSITY DR #205
CITY-ST-ZIP POMPANO BEACH, FL 33071

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 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

Daytime Phone #

1/31/05 9543416340