2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2009
Secretary of State

DOCUMENT# N01000006262

Entity Name: MARGATE BUSINESS PARK OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-1057712 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SWIFT MANAGEMENT & SOLUTIONS
1750 UNIVERSITY DR #205
POMPANO BEACH, FL 33071 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SWIFT, NICOLE
Address: 1750 UNIVERSITY DR #205
City-St-Zip: POMPANO BEACH, FL 33071

Title: D ( ) Delete
Name: SWIFT, CHUCK
Address: 1750 UNIVERSITY DR #205
City-St-Zip: POMPANO BEACH, FL 33071

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: LONGUEIL, KEVIN
Address: 5447 NW 24 ST
City-St-Zip: MARGATE, FL 33063

Title: D ( ) Change (X) Addition
Name: VENDETTE, GIL
Address: 5447 NW 24 ST
City-St-Zip: MARGATE, FL 33063

Title: D ( ) Change (X) Addition
Name: MILLER, STEVE
Address: 5449 NW 24 ST
City-St-Zip: MARGATE, FL 33063

Title: D ( ) Change (X) Addition
Name: STOUT, TOM
Address: 5449 NW 24 ST
City-St-Zip: MARGATE, FL 33063

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: NICOLE SWIFT P 01/17/2009

Electronic Signature of Signing Officer or Director — Date