

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000026

FILED
Jan 17, 2009
Secretary of State

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 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0418612

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWIFT MANGEMENT & SOLUTIONS
1750 UNIVERSITY DR #205
CORAL SPRINGS, 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: MILLER, BRIAN
Address: 1905 VISTA WAY
City-St-Zip: MARGATE, FL 33063

Title: SD () Delete
Name: FARRUGIA, DAVID
Address: 7408 VISCAYA CIRCLE
City-St-Zip: MARGATE, FL 33063

Title: SD () Delete
Name: WEEKES, YVETTE
Address: 2001 BARCELONA TR
City-St-Zip: MARGATE, FL 33063

Title: VD () Delete
Name: LORD, MICHAEL
Address: 1840 BARCELONA TERRACE
City-St-Zip: MARGATE, FL 33063

Title: TD () Delete
Name: GOTTESMAN, SUSAN
Address: 7325 VISCAYA CIR.
City-St-Zip: MARGATE, FL 33063

Title: SD () Delete
Name: DUSCH, PAUL
Address: 7543 VISCAYA CIR
City-St-Zip: MARGATE, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: BRIAN MILLER

P

01/17/2009

Electronic Signature of Signing Officer or Director

Date