4/27/2006-90172-038-$61.25-$61.25

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
06 JUN -6 PM 7:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000001685

1. Entity Name
COCOPLUM BY QUANTUM PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1560 SOUTH DIXIE HIGHWAY SUITE 211 CORAL GABLES, FL 33146	1560 SOUTH DIXIE HIGHWAY SUITE 211 CORAL GABLES, FL 33146

03192008 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
1145 Sawgrass Corp Pkwy (17) Suite, Apt. #, etc.	1145 Sawgrass Corp Pkwy Suite, Apt. #, etc.
Sunrise FL	Sunrise FL
Zip 33323 Country	Zip 33323 Country

4. FEI Number ☑ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VAINDER, STEVEN J ESQ 200 SOUTH BISCAYNE BLVD SUITE 4900 MIAMI, FL 33131	Name: Katzman Korr, Leigh Katzman Street Address (P.O. Box Number is Not Acceptable): 1501 NW 49th St Suite 200 City: Ft. Lauderdale FL Zip Code: 33309

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: Ferren L. Korr Esq. 4/11/06
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, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BARBARA, OSCAR A 1560 SOUTH DIXIE HIGHWAY SUITE 211 CORAL GABLES, FL 33146	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Richard Daeunha Jr. 1145 Sawgrass Corp Pkwy Sunrise FL 33323	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD EISENACHER, HAROLD L 1560 SOUTH DIXIE HIGHWAY SUITE 211 CORAL GABLES, FL 33146	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Cindy Ruccolo 1145 Sawgrass Corp Pkwy Sunrise FL 33323	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD MACHADO, JOSE LUIS ESQ 8500 SW 8TH STREET SUITE 238 MIAMI, FL 331444002	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD Leonid Raskina 1145 Sawgrass Corp Pkwy Sunrise FL 33323	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: RICHARD DA CUNHA 3/28/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

954-322-7919