2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000001685

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



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Principal Place of Business 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323		Mailing Address 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323		400102	40010231		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01042007 CI	hg-NP CR2E037 (12/06)		
City & State		City & State		4. FEI Number APPLIED F	4. FEI Number APPLIED FOR Not Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of St	\$8.75 Additi		
	6. Name and Address of Current I	Registered Agent		7. Name and Add	ress of New Registered Agent		
KATZMAN	& KORR PA		Name				
KATZMAN & KORR, P.A. C/O LEIGH KATZMAN			Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
1501 N.W. 49TH ST., SUITE 200 FT. LAUDERDALE, FL 33309			-				
T. ENOBERBACE, TE 00000			City		FL Zip Code		
8. The above	named entity submits this statement for	the purpose of changing its	registered office or reg	istered agent, or both, in	the State of Florida. I am familiar with, ar	nd accept	
the obligat	ions of registered agent.						
SIGNATURE							
SIGNATURE :	Signature, typed or printed name of registered agent a	nd title if applicable (NOT	E. Registered Agent signature re-	gured when reinstating)	DATE	-	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Car	9. Election Campaign Financing Trust Fund Contribution.		Make check payable to		
	Due by May 1, 2007	Trust Fund (Contribution.	\$5.00 May Be Added to Fees	Florida Department of Stat	e	
10,				Added to Fees			
10.	Due by May 1, 2007 OFFICERS AND DIR		20ntribution, 11. 1ITLE	Added to Fees	ES TO OFFICERS AND DIRECTORS IN 1		
TITLE NAME	OFFICERS AND DIR PD DAEUNHA, RICHARD JR.	ECTORS	11.	Added to Fees ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS IN 1	0	
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12. Thereby certify that the information supplied with this filling 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 allachment with an address, with all other like empowered.

SIGNATURE

D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/2007 786-554-63:

FILED Feb 07, 2007 8:00 am

Secretary of State

02-07-2007 90032 044 ****61.25