2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008 08:00 AM
Secretary of State

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

Principal Place of Business	Mailing Address
1145 SAWGRASS CORP PKWY SUNRISE, FL 33323	1145 SAWGRASS CORP PKWY SUNRISE, FL 33323

01182008 - No Chg:NP CR2E037 (4/06)

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4. FEI Number
20-2745533
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KATZMAN & KORR, P.A.
C/O LEIGH KATZMAN
1501 N.W. 49TH ST., SUITE 200
FT. LAUDERDALE, FL 33309

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RASKIN, LEONID
STREET ADDRESS	1145 SAWGRASS CORP PKWY
CITY-ST-ZIP	SUNRISE, FL 33323
TITLE	S
NAME	DELGADO, LEONARD
STREET ADDRESS	1145 SAWGRASS CORP PKWY
CITY-ST-ZIP	SUNRISE, FL 33323
TITLE	T
NAME	SZABO, MARCELO
STREET ADDRESS	1145 SAWGRASS CORP PKWY
CITY-ST-ZIP	SUNRISE, FL 33323
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/29/08-80019-003 61.25

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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: X LEONID Raskin - President / 4/4/2008 786-554-6339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #