SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $350)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 15 AM 11:48

DOCUMENT # 742088 (8)

1. Corporation Name
COCOPLUM CIVIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~7801~~ LOS PINOS BLVD CORAL GABLES FL 33143 US	~~7801 LOS PINOS BLVD.~~ ~~CORAL GABLES FL 33143~~ ~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/22/1978
3a. Date of Last Report: 03/14/1994
4. FEI Number: 59-2522183 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Los Pinos Blvd	26 7433 Vistalmar St.
Suite, Apt. #, etc. 22 Tennis Courts	Suite, Apt. #, etc. 27
City & State 23 Coral Gables, Fl	City & State 28 Coral Gables Fl
Zip / Country 24 33143 / 25 US	Zip / Country 29 33143 / 30 US

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~BLAKE, JOHN H.~~ ~~7801 LOS PINOS BLVD.~~ ~~CORAL GABLES FL 33143~~ Susan Moreno 7433 Vistalmar St. Coral Gables, Fl 33143	81 Name: Susan Moreno 82 Street Address (P.O. Box Number is Not Acceptable): ~~7433~~ 7433 Vistalmar Street 83 Coral Gables 84 City: Coral Gables FL 85 Zip Code: 33143

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Susan Moreno — 6/12/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~PD~~ D	11 TITLE	☐ Change ☐ Addition — President
NAME	BLAKE, JOHN	12 NAME	Donna Tiseo
STREET ADDRESS	7801 LOS PINOS BLVD.	13 STREET ADDRESS	711 Robles Street
CITY-ST-ZIP	CORAL GABLES FL	14 CITY-ST-ZIP	Coral Gables, Fl 33143
TITLE	~~SE~~ D	21 TITLE	☐ Change ☐ Addition
NAME	CARROL, LEWIS	22 NAME	
STREET ADDRESS	MONACO	23 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	MACHADO, NESTOR	32 NAME	
STREET ADDRESS	7401 VISTAL MAR	33 STREET ADDRESS	
CITY ST ZIP	CORAL GABLES FL	34 CITY-ST-ZIP	
TITLE	~~TD~~ D	41 TITLE	☐ Change ☐ Addition — Treasurer
NAME	DRESNICK, RON	42 NAME	Susan Moreno
STREET ADDRESS	7511 LOS PINOS BLVD.	43 STREET ADDRESS	7433 Vistalmar Street
CITY ST ZIP	CORAL GABLES FL	44 CITY-ST-ZIP	Coral Gables Fl. 33143
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	STEWART, CONSUELOT	52 NAME	
STREET ADDRESS	8209 LOS PINOS CIRCLE	53 STREET ADDRESS	
CITY ST ZIP	CORAL GABLES FL	54 CITY-ST-ZIP	
TITLE	P	61 TITLE	☐ Change ☐ Addition
NAME	Calvin F. David	62 NAME	
STREET ADDRESS	711 Robles Street	63 STREET ADDRESS	
CITY ST ZIP	Coral Gables, Fl 33143	64 CITY-ST-ZIP	

CR2E037 (395)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Calvin F. David — 6/12/95 — (305) 789-2755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0006240