

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742088

FILED
Feb 14, 2007
Secretary of State

Entity Name: COCOPLUM CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

7601 LOS PINOS BLVD
TENNIS COURTS
CORAL GABLES, FL 33143 US

New Principal Place of Business:

Current Mailing Address:

% ANA VEIGAMILTON
7207 MONACO STREET
CORAL GABLES, FL 33143 US

New Mailing Address:

FEI Number: 59-2522183 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARROLL, LEWIS
7420 MONACO ST.
CORAL GABLES, FL 33143 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: D () Delete
Name: BLAKE, JOHN
Address: 7801 LOS PINOS BLVD.
City-St-Zip: CORAL GABLES, FL 33143

Title: D () Delete
Name: LAWSON, RODOLFO P
Address: 7431 MONACO ST
City-St-Zip: CORAL GABLES, FL 33143

Title: D () Delete
Name: STEWART, CONSUELO
Address: 8209 LOS PINOS CIRCLE
City-St-Zip: CORAL GABLES, FL

Title: VP () Delete
Name: SANCHEZ, EDWARD
Address: 7111 LOS PINOS BLVD
City-St-Zip: CORAL GABLES, FL 33143

Title: T () Delete
Name: VEIGAMILTON, ANA
Address: 7207 MONACO STREET
City-St-Zip: CORAL GABLES, FL 33143

Title: P () Delete
Name: CONTRERAS, MICHAEL
Address: 8120 LOS PINOS BLVD
City-St-Zip: CORAL GABLES, FL 33143

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 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: ANA VEIGAMILTON

T

02/14/2007

Electronic Signature of Signing Officer or Director

Date