

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742088

FILED  
Mar 23, 2009  
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: P ( ) 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: D ( ) 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  
Name:  
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 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

03/23/2009

Electronic Signature of Signing Officer or Director

Date