FILE NOW: FILING FEE AFTER MAY 1 IS $150.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 19 AM 8:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 752940 (7)

1. Corporation Name
COCOPLUM HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
155 ISLA DORADA BLVD CORAL GABLES FL 33143	155 ISLA DORADA BLVD CORAL GABLES FL 33143

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/13/1980
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2025096 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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 ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SHURTLEFF, ROGER W. JR.
155 ISLA DORADA BLVD
CORAL GABLES FL 33143

10. Name and Address of New Registered Agent

81 Name: ANTHONY A. KALLICHE, ESQUIRE
82 Street Address (P.O. Box Number is Not Acceptable): 6161 BLUE LAGOON DR. #250
83: WATERFORD CENTER PARK
84 City: MIAMI, FL FL 85 Zip Code: 33126

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Kalliche Becker & Poliakoff PA 4/4/95
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	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	NICKLAUS, EDWARD	1.2 NAME	ROBERTS, H.C.	
STREET ADDRESS	261 COSTANERA RD.	1.3 STREET ADDRESS	195 CAOBA CT.	
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	CORAL GABLES, FL 33143	
TITLE	VPD	2.1 TITLE	VPD	☑ Change ☐ Addition
NAME	ASSERAF, LAURENCE	2.2 NAME	HORWITZ, ROBERTO	
STREET ADDRESS	202 CAOBA CT.	2.3 STREET ADDRESS	330 DOLIOS CT	
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	CORAL GABLES, FL 33143	
TITLE	TD	3.1 TITLE	TD	☑ Change ☐ Addition
NAME	SHELE, SVEN	3.2 NAME	CONESE, MARIANNE	
STREET ADDRESS	194 CAOBA CT.	3.3 STREET ADDRESS	130 ROSALES CT.	
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	CORAL GABLES, FL 33143	
TITLE	SD	4.1 TITLE	SD	☑ Change ☐ Addition
NAME	ROBERTS, H. C	4.2 NAME	BURSTEIN, RHONDA	
STREET ADDRESS	195 CAOBA CT.	4.3 STREET ADDRESS	129 ROSALES CT.	
CITY-ST-ZIP	CORAL GABLES FL	4.4 CITY-ST-ZIP	CORAL GABLES, FL 33143	
TITLE		5.1 TITLE	D	☐ Change ☐ Addition
NAME		5.2 NAME	ASSERAF, LAURENCE	
STREET ADDRESS		5.3 STREET ADDRESS	202 CAOBA CT.	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	CORAL GABLES, FL 33143	
TITLE		6.1 TITLE	D	☐ Change ☐ Addition
NAME		6.2 NAME	SEROLA, ROGER	
STREET ADDRESS		6.3 STREET ADDRESS	7166 LAGO DR. EAST	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	CORAL GABLES, FL 33143	

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: H. Roberts PRESIDENT 4/11/95 305-442-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

6041449

752940

D
[redacted], BENJAMIN
7155 LAGO DR. EAST
CORAL GABLES, FL 33143

D
MEHLIL, PETER
180 PALOMA DR
CORAL GABLES, FL 33143

D
NICKLAUS, EDWARD
261 COSTANERA RD
CORAL GABLES, FL 33143