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Apr 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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 33143-6541

3. Date Incorporated or Qualified: 06/13/1980
3a. Date of Last Report: 03/11/1996

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

4. FEI Number: 59-2025096 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

KALLICHE, ANTHONY A
6161 BLUE LAGOON DR. #250
WATERFORD CENTER PARK
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	VP D	☐ Change ☑ Addition
NAME	ROBERTS, H. C		1.2 NAME	HORWITZ, ROBERT	
STREET ADDRESS	195 CAOBA CT		1.3 STREET ADDRESS	330 Solita Ct	
CITY-ST-ZIP	CORAL GABLES FL		1.4 CITY-ST-ZIP	Coral Gables, FL 33143	
TITLE	~~TD~~	☑ DELETE	2.1 TITLE	TD	☐ Change ☑ Addition
NAME	~~DIAZ, JORGE~~		2.2 NAME	Benjamin DeMeo	
STREET ADDRESS	~~9001 SW 68 TERRACE~~		2.3 STREET ADDRESS	7155 LAGO DRIVE EAST	
CITY-ST-ZIP	~~MIAMI FL~~		2.4 CITY-ST-ZIP	Coral Gables, Fl 33143	
TITLE	~~TD~~	☑ DELETE	3.1 TITLE	SD	☐ Change ☑ Addition
NAME	~~CONESE, MARIANNE~~		3.2 NAME	Debra FRANK	
STREET ADDRESS	~~190 ROSALES CT~~		3.3 STREET ADDRESS	133 Rosales Ct	
CITY-ST-ZIP	~~CORAL GABLES FL~~		3.4 CITY-ST-ZIP	Coral Gables FL 33143	
TITLE	~~SD~~	☑ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	~~JONES, SUSAN~~		4.2 NAME		
STREET ADDRESS	~~322 COSTA BRAVA~~		4.3 STREET ADDRESS		
CITY-ST-ZIP	~~CORAL GABLES FL~~		4.4 CITY-ST-ZIP		
TITLE	~~D~~	☑ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	~~ASSERAF, LAURENCE~~		5.2 NAME		
STREET ADDRESS	~~202 CAOBA CT~~		5.3 STREET ADDRESS		
CITY-ST-ZIP	~~CORAL GABLES FL~~		5.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SEROLA, ROGER		6.2 NAME		
STREET ADDRESS	7166 LAGO DR, E		6.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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: SIGNATURE REQUIRED _____ _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0030068