2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State
03-12-2004 90020 005 ****61.25

DOCUMENT # 752940

1. Entity Name
COCOPLUM HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
155 ISLA DORADA BLVD CORAL GABLES, FL 33143	~~12079 SW 131 AVENUE~~ ~~MIAMI, FL 33186~~ C/O The Continental Group Inc.

2. Principal Place of Business	3. Mailing Address
155 ISLA DORADA BLVD	11981 SW 144 CT.
Suite, Apt. #, etc.	Suite, Apt. #, etc. 201
City & State: CORAL GABLES, FLORIDA	City & State: Miami, FL
Zip: 33143 Country	Zip: 33186 Country

01062004 Chg-NP CR2E037 (10/03)

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SKRLD,INC 201 ALHAMBRA CIRCLE SUITE 1102 MIAMI, FL 33134	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EDIKAR, REZA 7010 MICA FLORES AVE CORAL GABLES, FL 33143	☑ ~~Delete~~	TITLE D NAME GOLKAR, REZA STREET ADDRESS 155 ISLA DORADA BLVD CITY-ST-ZIP CORAL GABLES, FL 33143	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BAREA, EDDY 7141 LAW E DRIW MIAMI, FL 33143	☑ ~~Delete~~	TITLE VP NAME PERRIN, TERRY STREET ADDRESS 155 ISLA DORADA BLVD CITY-ST-ZIP CORAL GABLES, FL 33143	☐ Change ☑ ~~Addition~~
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILTON, FRANK 144 PADOMA DR MIAMI, FL 33143	☐ ~~Delete~~	TITLE D NAME MILTON, FRANK STREET ADDRESS 155 ISLA DORADA BLVD CITY-ST-ZIP CORAL GABLES, FL 33143	☑ ~~Change~~ ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BOWERS, DELORES 340 ISLA DORADA BLVD CORAL GABLES, FL 33143	☑ ~~Delete~~	TITLE S NAME BOWERS, DOLORES STREET ADDRESS 155 ISLA DORADA BLVD CITY-ST-ZIP CORAL GABLES, FL 33143	☑ ~~Change~~ ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T RIBERBAM, MYRAM 205 CAOBA CT CORAL GABLES, FL 33143	☑ ~~Delete~~	TITLE T NAME RIBENBOIM, MYRIAM STREET ADDRESS 155 ISLA DORADA BLVD CITY-ST-ZIP CORAL GABLES, FL 33143	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SEROLA, ROGER 7166 LACO DR E CORAL GABLES, FL 33143	☑ ~~Delete~~	TITLE P NAME SEROLA, ROGER STREET ADDRESS 155 ISLA DORADA BLVD CITY-ST-ZIP CORAL GABLES, FL 33143	☑ Change ☐ Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Golkar Courtyhen 3/10/04 305-667-7386
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Pg. 1 of 2

Attachment

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Dept 09 1050-00 Attachment 3326 24097116

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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BAREA, EDDY 7141 LAW E DRIW MIAMI, FL 33143	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILTON, FRANK 144 PADOMA DR MIAMI, FL 33143	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BOWERS, DELORES 340 ISLA DORADA BLVD CORAL GABLES, FL 33143	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T RIBERBAM, MYRAM 205 GAOBA CT CORAL GABLES, FL 33143	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SEROLA, ROGER 7166 LACO DR E CORAL GABLES, FL 33143	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

P. 2 of 2