2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State
01-31-2005 90083 007 ****61.25

DOCUMENT # 752940

1. Entity Name
COCOPLUM HOMEOWNERS ASSOCIATION, INC.

50008494

01052005 Chg-NP CR2E037 (10/03)

Principal Place of Business	Mailing Address
155 ISLA DORA BLVD CORAL GABLES, FL 33143	% THE CONTINENTAL GROUP, INC. 11981 SW 144 CT, 201 MIAMI, FL 33186

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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, 2005

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 GOLKAR, REZA 155 ISLA DORA BLVD CORAL GABLES, FL 33143	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Golkar, Reza 155 Isla Dorada Blvd. Coral Gables, FL 33143	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP PERRIN, TERRY 155 ISLA DORA BLVD MIAMI, FL 33143	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Orlando Gomez 155 Isla Dorada Blvd. Coral Gables, FL 33143.	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILTON, FRANK 155 ISLA DORA BLVD MIAMI, FL 33143	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Milton, Frank 155 Isla Dorada Blvd. Coral Gables, FL 33143	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BOWERS, DELORES 155 ISLA DORA BLVD CORAL GABLES, FL 33143	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director. Puig, Millie 155 Isla Dorada Blvd. Coral Gables, FL 33143	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T RIBERBAM, MYRAM 155 ISLA DORA BLVD CORAL GABLES, FL 33143	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Ribenboim, Myriam 155 Isla Dorada Blvd. Coral Gables, FL 33143	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SEROLA, ROGER 155 ISLA DORA BLVD CORAL GABLES, FL 33143	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: _____ 1-20-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #