

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752940

FILED
Feb 06, 2009
Secretary of State

Entity Name: COCOPLUM HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

155 ISLA DORA BLVD
CORAL GABLES, FL 33143

New Principal Place of Business:

Current Mailing Address:

% THE CONTINENTAL GROUP, INC.
11981 SW 144 CT, 201
MIAMI, FL 33186

New Mailing Address:

FEI Number: 59-2025096 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SKRLD, INC
201 ALHAMBRA CIRCLE
SUITE 1102
MIAMI, FL 33134 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: S () Delete
Name: GREEN, JACQUELINE
Address: 155 15 LA PANDA
City-St-Zip: CORAL GABLES, FL 33143

Title: VP () Delete
Name: GOMEZ, ORLANDO
Address: 155 ISLA DORA BLVD
City-St-Zip: MIAMI, FL 33143

Title: T () Delete
Name: MILTON, FRANK
Address: 155 ISLA DORA BLVD
City-St-Zip: MIAMI, FL 33143

Title: D () Delete
Name: PUIG, MILLIE
Address: 155 ISLA DORA BLVD
City-St-Zip: CORAL GABLES, FL 33143

Title: P () Delete
Name: SEROLA, ROGER
Address: 155 ISLA DORA BLVD
City-St-Zip: CORAL GABLES, FL 33143

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: GREEN, JACQUELINE
Address: 155 ISLA DORADA
City-St-Zip: CORAL GABLES, FL 33143

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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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: ROGER SEROLA

P

02/06/2009

Electronic Signature of Signing Officer or Director

Date