FILED
Apr 15, 2003 8:00 am
Secretary of State
04-15-2003 90112 027 ****61.25

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 752940

1. Entity 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 12079 SW 131 Avenue 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

☐ CHECK HERE IF MAKING CHANGES

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

FILE NOW, FEE IS $61.25 | 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 FRANK, DEBRA 133 ROSADO CT MIAMI, FL 33143	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition REZA GOLKAR 7010 MIRAFLORES AVE CORAL GABLES FL 33143
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BAREA, EDDY 7141 LAW E DRIW MIAMI, FL 33143	☐ Delete	TITLE T / NAME / STREET ADDRESS / CITY-ST-ZIP	Murugam Ribenbaum ☐ Change ☒ Addition 2005 Ogoba ct Coral Gables FL 33143
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 S / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BOWERS ~~TRUILLO~~, DELORES 340 ISLA DORADA BLVD CORAL GABLES, FL 33143	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE P / NAME / STREET ADDRESS / CITY-ST-ZIP	ROGER SEROLA 7160 Law Dr. E Coral Gables FL 33143	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VP / NAME / STREET ADDRESS / CITY-ST-ZIP	Terry Perrin 184 Paloma Dr Coral Gables FL 33143	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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: X _____ 4/18/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #