2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N01000009027

TI FILED
Sep 05, 2008
Secretary of State

Entity Name: COCOPLUM PROPERTY OWNERS ASSOCIATION OF PALM BEACH, INC.

Current Principal Place of Business: New Principal Place of Business: 1928 LAKE WORTH RD LAKE WORTH, FL 33461 **Current Mailing Address: New Mailing Address:** 1928 LAKE WORTH RD LAKE WORTH, FL 33461 FEI Number: 90-0109028 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KRIVOK, JAMES N PA CAPLAN, LOUIS ESQUIRE DICKER, KRIVOK & STOLOFF, P.A. SACHS, SAX, CAPLAN, P.L 1818 AÚSTRALIAN BLVD STE 400 301 YAMATÓ ROAD, SUITE 4150 WEST PALM BEACH, FL 33409 US BOCA RATON, FL 33431 US 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: LOUIS CAPLAN 09/05/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition ROTHMAN, PAMELA Name: Name: 6783 JACQUES WAY Address: Address: City-St-Zip: LAKE WORTH, FL 33463 US City-St-Zip: Title: () Delete Title: () Change () Addition BABIK, DARLENE Name: Name: Address: 5032 SANCERRE CIRCLE Address: City-St-Zip: LAKE WORTH, FL 33463 City-St-Zip: Title: () Delete Title: () Change () Addition BRANT, DAVID Name: Name: 6869 CAROLYN WAY Address: Address: City-St-Zip: LAKE WORTH, FL 33463 US City-St-Zip: Title: () Delete Title: () Change () Addition Name: KIMINAS, MONICA Name: Address: PO BOX 541342 Address: City-St-Zip: LAKE WORTH, FL 33454 City-St-Zip: Title: VΡ () Delete Title: (X) Change () Addition SCOTTS, SUSAN BURDEN, CHRISTOPHER Name: Name: 5148 SANCERRE CIRCLE 6941 BRUCE COURT Address: Address: City-St-Zip: LAKE WORTH, FL 33463 City-St-Zip: LAKE WORTH, FL 33463 Title: () Delete Title: () Change () Addition RUBINO, NADINE Name: Name: Address: 6641 LURAIS DR Address: LAKE WORTH, FL 33463 City-St-Zip: 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: DAVID BRANT P 09/05/2008