

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742088

Entity Name: COCOPLUM CIVIC ASSOCIATION, INC.**Current Principal Place of Business:**7601 LOS PINOS BLVD
TENNIS COURTS
CORAL GABLES, FL 33143**Current Mailing Address:**% ANA VEIGAMILTON
7207 MONACO STREET
CORAL GABLES, FL 33143 US**FEI Number:** 59-2522183**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MILTON, ANA
7207 MONACO ST.
CORAL GABLES, FL 33143 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D
Name	BLAKE, JOHN
Address	7801 LOS PINOS BLVD.
City-State-Zip:	CORAL GABLES FL 33143

Title	D
Name	LAWSON, RODOLFO P
Address	7431 MONACO ST
City-State-Zip:	CORAL GABLES FL 33143

Title	D
Name	STEWART, CONSUELO
Address	8209 LOS PINOS CIRCLE
City-State-Zip:	CORAL GABLES FL

Title	T
Name	VEIGAMILTON, ANA
Address	7207 MONACO STREET
City-State-Zip:	CORAL GABLES FL 33143

Title	D
Name	CONTRERAS, MICHAEL
Address	8120 LOS PINOS BLVD
City-State-Zip:	CORAL GABLES FL 33143

Title	PRESIDENT
Name	FORTUN, HECTOR
Address	255 COCOPLUM ROAD
City-State-Zip:	CORAL GABLES FL 33143

Title	DIRECTOR
Name	PINILLA, JUAN CARLOS
Address	151 LOS PINOS COURT
City-State-Zip:	CORAL GABLES FL 33143

I hereby 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 all other like empowered.

SIGNATURE: ANA VEIGAMILTON**TREASURER/AGENT****02/06/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date