2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2024
Secretary of State
0883958976CC

DOCUMENT# 752940

Entity Name: COCOPLUM HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

155 ISLA DORADA BLVD
CORAL GABLES, FL 33143

Current Mailing Address:

155 ISLA DORADA BLVD
CORAL GABLES, FL 33143 US

FEI Number: 59-2025096

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SKRLD,INC
201 ALHAMBRA CIRCLE
SUITE 1102
MIAMI, FL 33134 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	SECRETARY
Name	ISAIAS , CARLA
Address	155 ISLA DORADA
City-State-Zip:	CORAL GABLES FL 33143

Title	DIRECTOR
Name	PORTUONDO, ABBY
Address	155 ISLA DORADA BLVD
City-State-Zip:	CORAL GABLES FL 33143

Title	PRESIDENT
Name	SEGALL, NORMAN
Address	155 ISLA DORADA BLVD
City-State-Zip:	CORAL GABLES FL 33143

Title	DIRECTOR
Name	BERLINER , FRED
Address	155 ISLA DORADA BLVD
City-State-Zip:	CORAL GABLES, FL FL 33143

Title	DIRECTOR
Name	PARKER, BEVERLY
Address	155 ISLA DORADA BLVD
City-State-Zip:	MIAMI FL 33143

Title	DIRECTOR
Name	DUARTE , ANA
Address	155 ISLA DORADA BLVD
City-State-Zip:	CORAL GABLES FL 33143

Title	VP
Name	NICKLAUS , MARIA
Address	155 ISLA DORADA BLVD
City-State-Zip:	CORAL GABLES, FL FL 33143

Title	TREASURER
Name	ROMANO, RICARDO
Address	155 ISLA DORADA BLVD
City-State-Zip:	CORAL GABLES FL 33143

Continues on page 2

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: NORMAN SEGALL PRESIDENT 02/02/2024

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	KARSENTI, ARNAUD
Address	155 ISLA DORADA BLVD.
City-State-Zip:	CORAL GABLES FL 33143