

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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 LORENZO-GOMEZ, INES
Address 155 ISLA DORADA
City-State-Zip: CORAL GABLES FL 33143

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

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

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

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

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

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

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

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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: MATT MARTINEZ

PRESIDENT

03/27/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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