## 2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**DOCUMENT# 752940** 

Entity Name: COCOPLUM HOMEOWNERS ASSOCIATION, INC.

**FILED** Aug 31, 2020 **Secretary of State** 8108986790CC

#### **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:

City-State-Zip:

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

VΡ Title **SECRETARY** Title

LORENZO-GOMEZ, INES TAYLOR, JEFFREY Name Name

Address 155 ISLA DORADA Address 155 ISLA DORADA BLVD

City-State-Zip: MIAMI FL 33143 City-State-Zip: CORAL GABLES FL 33143

Title **DIRECTOR** Title **DIRECTOR** ISAIAS, CARLA Name JIMENEZ, JOAN Name

Address 155 ISLA DORADA BLVD Address 155 ISLA DORADA BLVD CORAL GABLES FL 33143 City-State-Zip: CORAL GABLES FL 33143

Title **TREASURER** Title **DIRECTOR** 

Name DIGASBARRO, LISETTE CANCIO, JOSE Name

155 ISLA DORADA BLVD Address 155 ISLA DORADA BLVD Address City-State-Zip: CORAL GABLES FL 33143 City-State-Zip: CORAL GABLES FL 33143

Title **PRESIDENT** 

Name GARNER, ROBERT Address 155 ISLA DORADA BLVD 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.

08/31/2020 SIGNATURE: ROBERT GARNER **PRESIDENT**