

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752940

Entity Name: COCOPLUM HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**155 ISLA DORA BLVD
CORAL GABLES, FL 33143**Current Mailing Address:**155 ISLA DORA BLVD
CORAL GABLES, FL 33143**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	BERMONT, RICHARD
Address	155 ISLA DORADA
City-State-Zip:	CORAL GABLES FL 33143

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

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

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

Title	DIRECTOR
Name	MESA, MIKE
Address	155 ISLA DORA BLVD
City-State-Zip:	CORAL GABLES FL 33143

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

Title	DIRECTOR
Name	CANCIO, JOSE
Address	155 ISLA DORA 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.

SIGNATURE: MATT MARTINEZ

PRESIDENT

03/15/2017

Electronic Signature of Signing Officer/Director Detail_____
Date