

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000009027

**FILED**  
**Mar 31, 2022**  
**Secretary of State**  
**0267928209CC**

**Entity Name:** COCOPLUM PROPERTY OWNERS ASSOCIATION OF PALM BEACH, INC.

**Current Principal Place of Business:**

SEA BREEZE CMS  
4227 NORTHLAKE BLVD  
PALM BEACH GARDENS, FL 33410

**Current Mailing Address:**

SEA BREEZE CMS  
4227 NORTHLAKE BLVD  
PALM BEACH GARDENS, FL 33410 US

**FEI Number: 90-0109028**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

IGLESIAS LAW GROUP, P.A.  
15800 PINES BLVD, STE 303  
PEMBROKE PINES, FL 33027 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           DIRECTOR  
Name           DOMIGUEZ, FRANCISCO  
Address       SEA BREEZE CMS  
                  4227 NORTHLAKE BLVD  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title           SECRETARY  
Name           MANDEL, ERIC  
Address       SEA BREEZE CMS  
                  4227 NORTHLAKE BLVD  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title           TREASURER  
Name           TACCARIELLO, MARIO JR.  
Address       SEA BREEZE CMS  
                  4227 NORTHLAKE BLVD  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title           DIRECTOR  
Name           PARCHMENT, DERRICK  
Address       SEA BREEZE CMS  
                  4227 NORTHLAKE BLVD  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title           PRESIDENT  
Name           CAMERON, KEVIN  
Address       SEA BREEZE CMS  
                  4227 NORTHLAKE BLVD  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title           DIRECTOR  
Name           AURICH, GUISELLE  
Address       SEA BREEZE CMS  
                  4227 NORTHLAKE BLVD  
City-State-Zip: PALM BEACH GARDENS FL 33410

*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: KEVIN CAMERON**

**PRESIDENT**

**03/31/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date