2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N49768

1. Entity Name
COCO PLUM WOMAN'S CLUB, INC.

Principal Place of Business	Mailing Address
1375 SUNSET DRIVE CORAL GABLES, FL 33143	1375 SUNSET DRIVE CORAL GABLES, FL 33143

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01062006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-0603669
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HOFFMAN, ROBERT M
5975 SUNSET DRIVE
PENTHOUSE 802
S MIAMI, FL 33143

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	LONG, THEODARA
STREET ADDRESS	901 NW 14TH CT
CITY-ST-ZIP	MIAMI, FL 33125
TITLE	SD
NAME	RYDER, DORIS
STREET ADDRESS	10650 N. KENDALL DR.
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	SD
NAME	VITAL, PEGGY
STREET ADDRESS	95 MORNINGSIDE DR.
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	VD
NAME	ROBSON, ANN
STREET ADDRESS	6811 SUNSET DR.
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	TD
NAME	LEIBKUCHLER, HEIKE
STREET ADDRESS	6601 S.W. 79TH COURT
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	PD
NAME	STEBBINS, BETTY
STREET ADDRESS	605 BIRD RD
CITY-ST-ZIP	MIAMI, FL 33134

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01/23/06-80004-008 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Heike Leibkuchler Vice Pres. Heike Leibkuchler 1/6/06 305 274-58
SIGNATURE AND TYPED OR PRINTED NAME OF MANING OFFICER OR DIRECTOR — Date — Daytime Phone #