

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49768

FILED  
Apr 08, 2009  
Secretary of State

Entity Name: G F W C COCO PLUM WOMAN'S CLUB, INC.

**Current Principal Place of Business:**

1375 SUNSET DRIVE  
CORAL GABLES, FL 33143

**New Principal Place of Business:**

**Current Mailing Address:**

1375 SUNSET DRIVE  
CORAL GABLES, FL 33143

**New Mailing Address:**

FEI Number: 59-0603669

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

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

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

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: WENNER, EMILIE  
Address: 7794 S.W. 99 STREET  
City-St-Zip: MIAMI, FL 33156

Title: SD ( ) Delete  
Name: WINKLER, MARY LOUISE  
Address: 6127 S.W. 26TH STREET  
City-St-Zip: MIAMI, FL 33155

Title: SD ( ) Delete  
Name: VITAL, PEGGY  
Address: 95 MORNINGSIDE DR.  
City-St-Zip: CORAL GABLES, FL 33134

Title: VD ( ) Delete  
Name: ROBSON, ANN  
Address: 6611 SUNSET DR.  
City-St-Zip: MIAMI, FL 33143

Title: TD ( ) Delete  
Name: LEIBKUCHLER, HEIKE  
Address: 6601 S.W. 79TH COURT  
City-St-Zip: MIAMI, FL 33143

Title: PD ( ) Delete  
Name: SMITH, HELEN  
Address: 5770 S.W. 10TH STREET  
City-St-Zip: MIAMI, FL 33144

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VD (X) Change ( ) Addition  
Name: WINKLER, MARY LOUISE  
Address: 6127 S.W. 26 STREET  
City-St-Zip: MIAMI, FL 33156

Title: SD (X) Change ( ) Addition  
Name: MENA, CHRISTINE  
Address: 8315 S.W. 63 COURT  
City-St-Zip: MIAMI, FL 33134

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD (X) Change ( ) Addition  
Name: BIZETTE, MAXINE  
Address: 1627 BRICKELL AVE., APT. 1707  
City-St-Zip: MIAMI, FL 33129

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: HEIKE LEIBKUCHLER

TREA

04/08/2009

Electronic Signature of Signing Officer or Director

Date