

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49768

FILED  
Feb 28, 2012  
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  
Name: WINKLER, MARY LOUISE  
Address: 6127 S.W. 26 STREET  
City-St-Zip: MIAMI, FL 33156

Title: SD  
Name: ZAMMAS, DOROTHY  
Address: 8854 SW 62ND TERRACE  
City-St-Zip: MIAMI, FL 33173

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

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

Title: TD  
Name: NICHOLS, SUE  
Address: 6585 69TH AVE  
City-St-Zip: MIAMI, FL 33143

Title: PD  
Name: LEIBKUCHLER, HEIKE  
Address: 6601 SW 79TH COURT  
City-St-Zip: MIAMI, 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: HEIKE LEIBKUCHLER

PRES

02/28/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date