


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90004 048 ****70.00

DOCUMENT # N01000005010 1. Entity Name L.B.W. HOMEOWNERS' FOUNDATION OF CORAL GABLES, INC.	
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Principal Place of Business 200 WASHINGTON DR CORAL GABLES, FL 33133	Mailing Address 200 WASHINGTON DR CORAL GABLES, FL 33133
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94045553

DO NOT WRITE IN THIS SPACE



01262004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-1124343	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COOPER, WILLIAM A
 200 WASHINGTON DR
 CORAL GABLES, FL 33133

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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, 2004

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DAVIS, JUDITH 236 WASHINGTON DR. CORAL GABLES, FL 33133
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DIXIE, LINDA 141 FLORIDA AVENUE CORAL GABLES, FL 33133
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD TUCKER, ELLEN 200 WASHINGTON DR. CORAL GBLES, FL 33133
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD ANDREWS, ELIZABETH 250 GRANT DRIVE CORAL GABLES, FL 33133
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BAKER, LEONA C 201 WASHINGTON DR. CORAL GABLES, FL 33133
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BOLTON, DAVID 124 CADIMA AVENUE CORAL GABLES, FL 33134

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: William A Cooper 3/27/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #