


2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
VISION OF CORPORATION

04 AUG -3 AM 8:29

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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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip Country	City & State Zip Country
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04222004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent COOPER, WILLIAM A 200 WASHINGTON DR CORAL GABLES, FL 33133	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 use if applicable. (NOTE: Registered Agent signature required when re-registering)

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D DAVIS, JUDITH 236 WASHINGTON DR. CORAL GABLES, FL 33133 <input type="checkbox"/> Delete	TITLE	<div style="text-align: center;"> 200040251992 <input type="checkbox"/> Change <input type="checkbox"/> Addition 08/17/04--01059--017 **61.25 </div>
TITLE	D DIXIE, LINDA 141 FLORIDA AVENUE CORAL GABLES, FL 33133 <input checked="" type="checkbox"/> Delete	TITLE	D Carl Prime 141 Florida Avenue Coral Gables, FL 33133 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	SD TUCKER, ELLEN 200 WASHINGTON DR. CORAL GBLES, FL 33133 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	TD ANDREWS, ELIZABETH 250 GRANT DRIVE CORAL GABLES, FL 33133 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D BAKER, LEONA C 201 WASHINGTON DR. CORAL GABLES, FL 33133 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D BOLTON, DAVID 124 CADIMA AVENUE CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Delete	TITLE	P William A. Cooper 200 Washington Drive Coral Gables, FL 33133 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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* 7/24/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #