
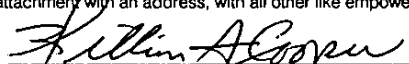


FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90069 043 ****61.25

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000005010					
1. Entity Name L.B.W. HOMEOWNERS' FOUNDATION OF CORAL GABLES, INC.					
Principal Place of Business 200 WASHINGTON DR CORAL GABLES, FL 33133			Mailing Address 200 WASHINGTON DR CORAL GABLES, FL 33133		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1124343	
Zip		Country		5. Certificate of Status Desired <input 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			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAVIS, JUDITH		NAME		
STREET ADDRESS	236 WASHINGTON DR.		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33133		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PRIME, CARL		NAME		
STREET ADDRESS	141 FLORIDA AVENUE		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33133		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TUCKER, ELLEN		NAME	SD Tucker, Ellen	
STREET ADDRESS	200 WASHINGTON DR.		STREET ADDRESS	200 Grant Drive	
CITY-ST-ZIP	CORAL GABLES, FL 33133		CITY-ST-ZIP	Coral Gables, FL 33133	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ANDREWS, ELIZABETH		NAME		
STREET ADDRESS	250 GRANT DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33133		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BAKER, LEONA C		NAME		
STREET ADDRESS	201 WASHINGTON DR.		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33133		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COOPER, WILLIAM A		NAME		
STREET ADDRESS	200 WASHINGTON DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33133		CITY-ST-ZIP		
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: 		Date: 3/8/05		Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

50027558



02252005 Chg-NP CR2E037 (10/03)