

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2006 08:00 AM
Secretary of State

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**



01132006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1124343

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$6.75 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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IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$81.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME DAVIS, JUDITH
STREET ADDRESS 238 WASHINGTON DR.
CITY-ST-ZIP CORAL GABLES, FL 33133

TITLE D
NAME PRIME, CARL
STREET ADDRESS 141 FLORIDA AVENUE
CITY-ST-ZIP CORAL GABLES, FL 33133

TITLE SD
NAME TUCKER, ELLEN
STREET ADDRESS 200 GRANT DRIVE
CITY-ST-ZIP CORAL GABLES, FL 33133

TITLE TD
NAME ANDREWS, ELIZABETH
STREET ADDRESS 250 GRANT DRIVE
CITY-ST-ZIP CORAL GABLES, FL 33133

TITLE D
NAME BAKER, LEONA C
STREET ADDRESS 201 WASHINGTON DR.
CITY-ST-ZIP CORAL GABLES, FL 33133

TITLE P
NAME COOPER, WILLIAM A
STREET ADDRESS 200 WASHINGTON DRIVE
CITY-ST-ZIP CORAL GABLES, FL 33133

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04/18/06-80062-020 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

2/22/06