

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005010

FILED
Mar 10, 2008
Secretary of State

Entity Name: L.B.W. HOMEOWNERS' FOUNDATION OF CORAL GABLES, INC.

Current Principal Place of Business:

200 WASHINGTON DR
CORAL GABLES, FL 33133

New Principal Place of Business:

Current Mailing Address:

200 WASHINGTON DR
CORAL GABLES, FL 33133

New Mailing Address:

FEI Number: 65-1124343 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COOPER, WILLIAM A
200 WASHINGTON DR
CORAL GABLES, FL 33133 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: D () Delete
Name: DAVIS, JUDITH
Address: 236 WASHINGTON DR.
City-St-Zip: CORAL GABLES, FL 33133

Title: D () Delete
Name: PRIME, CARL
Address: 141 FLORIDA AVENUE
City-St-Zip: CORAL GABLES, FL 33133

Title: SD () Delete
Name: TUCKER, ELLEN
Address: 200 GRANT DRIVE
City-St-Zip: CORAL GBLES, FL 33133

Title: TD () Delete
Name: ANDREWS, ELIZABETH
Address: 250 GRANT DRIVE
City-St-Zip: CORAL GABLES, FL 33133

Title: D () Delete
Name: BAKER, LEONA C
Address: 201 WASHINGTON DR.
City-St-Zip: CORAL GABLES, FL 33133

Title: P () Delete
Name: COOPER, WILLIAM A
Address: 200 WASHINGTON DRIVE
City-St-Zip: CORAL GABLES, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WILLIAM COOPER

P

03/10/2008

Electronic Signature of Signing Officer or Director

_____ Date