

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005010

FILED  
Apr 27, 2009  
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, LEONA C  
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, LEONA C  
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: LEONA C. COOPER

P

04/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date