

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005010

FILED  
Mar 24, 2011  
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  
Name: DAVIS, JUDITH  
Address: 236 WASHINGTON DR.  
City-St-Zip: CORAL GABLES, FL 33133

Title: SD  
Name: PRIME, EDWINA  
Address: 141 FLORIDA AVENUE  
City-St-Zip: CORAL GABLES, FL 33133

Title: D  
Name: DIXIE, LINDA  
Address: 236 WASHINGTON DRIVE  
City-St-Zip: CORAL GABLES, FL 33133

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

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

Title: PD  
Name: COOPER, LEONA C  
Address: 200 WASHINGTON DRIVE  
City-St-Zip: CORAL GABLES, FL 33133

I hereby 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 all other like empowered.

SIGNATURE: LEONA COOPER

P

03/24/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date