

FILE NOW: FILING FEE IS \$61.25

FILED  
May 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N26358 (4)**  
1. Corporation Name  
**LOLA B. WALKER HOMEOWNERS' ASSOCIATION OF CORAL GABLES, INC.**



Principal Place of Business <b>% WILLIAM A. COOPER P.O. BOX 141041 CORAL GABLES FL 33114-8041</b>	Mailing Address <b>% WILLIAM A. COOPER P.O. BOX 141041 CORAL GABLES FL 33114-1041</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>05/10/1988</b>	3a. Date of Last Report <b>08/12/1996</b>
21	26	4. FEI Number <b>65-0053300</b>	Applied For Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24 Zip	25 Country	29 Zip	30 Country
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>COOPER, WILLIAM A. 200 WASHINGTON DRIVE CORAL GABLES FL 33133</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COOPER, WILLIAM A.</b>	1.2 NAME	
STREET ADDRESS	<b>200 WASHINGTON DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME	<b>PRIME, CARL, JR.</b>	2.2 NAME	
STREET ADDRESS	<b>110 FLORIDA AVE.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>SECRETARY</b> <input checked="" type="checkbox"/> Change
NAME	<b>HOLMES, BEVERLY G.</b>	3.2 NAME	<b>APRIL ANDREWS</b>
STREET ADDRESS	<b>134 FLORIDA AVE</b>	3.3 STREET ADDRESS	<b>250 GRANT DRIVE</b>
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	3.4 CITY-ST-ZIP	<b>CORAL GABLES FL 33133</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change
NAME	<b>WILLIAMS, ETTA MAE</b>	4.2 NAME	
STREET ADDRESS	<b>224 WASHINGTON DR</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Char
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Ci
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William A. Cooper* PRESIDENT 4/1/97 (305) 41

96/126 (9/96)