

FILE NOW: FILING FEE IS \$61.25

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Jun 22 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</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 % WILLIAM A. COOPER P.O. BOX 141041 CORAL GABLES FL 33114-8041	Mailing Address % WILLIAM A. COOPER P.O. BOX 141041 CORAL GABLES FL 33114-8041
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3. Date Incorporated or Qualified <b>05/10/1988</b>		
4. FEI Number <b>65-0053300</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**COOPER, WILLIAM A.**  
**200 WASHINGTON DRIVE**  
**CORAL GABLES FL 33133**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	85. Zip Code
	<b>FL</b>

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: *William A. Cooper* DATE: **FEB. 20, 1998**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	COOPER, WILLIAM A.	
STREET ADDRESS	200 WASHINGTON DRIVE	(D)
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	PRIME, CARL, JR.	
STREET ADDRESS	110 FLORIDA AVE.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	ANDREWS, APRIL	
STREET ADDRESS	250 GRANT DRIVE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, ETTA MAE	
STREET ADDRESS	224 WASHINGTON DR	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME	EDWINA PRIME	
STREET ADDRESS	141 FLORIDA AVE	(D)
CITY-ST-ZIP	CORAL GABLES, FL 33133	
TITLE		<input type="checkbox"/> DELETE
NAME	LINDA DIXIE	
STREET ADDRESS	142 FLORIDA AVE	(D)
CITY-ST-ZIP	CORAL GABLES, FL 33133	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WILLIAM A. COOPER	
1.3 STREET ADDRESS	200 WASHINGTON DRIVE	(T)
1.4 CITY-ST-ZIP	CORAL GABLES, FL 33133	
2.1 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	EDWINA PRIME	
2.3 STREET ADDRESS	141 FLORIDA AVE	(T)
2.4 CITY-ST-ZIP	CORAL GABLES, FL 33133	
3.1 TITLE	SEC	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LINDA DIXIE	
3.3 STREET ADDRESS	142 FLORIDA AVE	(T)
3.4 CITY-ST-ZIP	CORAL GABLES, FL 33133	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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 that the 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 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *William A. Cooper* DATE: **FEB. 20, 1998**

CR2E037 (10/97)