

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000148592

FILED
Apr 27, 2009
Secretary of State

Entity Name: L.B.W. HOMEOWNER'S INC.

Current Principal Place of Business:

200 WASHINGTON DRIVE
CORAL GABLES, FL 33133

New Principal Place of Business:

Current Mailing Address:

200 WASHINGTON DRIVE
CORAL GABLES, FL 33133

New Mailing Address:

FEI Number: 20-3817020

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COOPER, LEONA C
200 WASHINGTON DRIVE
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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DAVIS, JUDITH
Address: 236 WASHINGTON DRIVE
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: PRIME, EDWINA
Address: 141 FLORIDA AVENUE
City-St-Zip: CORAL GABLES, 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 DRIVE
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 607, 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