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Jun 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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

Mailing Address

% **WILLIAM A. COOPER**
P.O. BOX 141041
CORAL GABLES FL 33114-8041

% **WILLIAM A. COOPER**
P.O. BOX 141041
CORAL GABLES FL 33114-8041



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

3. Date Incorporated or Qualified

05/10/1988

4. FEI Number

65-0053300

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☒ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

William A. Cooper

FEB. 20, 1998

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **COOPER, WILLIAM A.**
STREET ADDRESS **200 WASHINGTON DRIVE**
CITY-ST-ZIP **CORAL GABLES FL** (D)

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME **WILLIAM A. COOPER**
1.3 STREET ADDRESS **200 WASHINGTON DRIVE**
1.4 CITY-ST-ZIP **CORAL GABLES, FL 33133** (T)

TITLE **VD** ☒ DELETE
NAME **PRIME, CARL JR.**
STREET ADDRESS **110 FLORIDA AVE.**
CITY-ST-ZIP **CORAL GABLES FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME **EDWINA PRIME**
2.3 STREET ADDRESS **141 FLORIDA AVE**
2.4 CITY-ST-ZIP **CORAL GABLES, FL 33133** (T)

TITLE **S** ☒ DELETE
NAME **ANDREWS, APRIL**
STREET ADDRESS **250 GRANT DRIVE**
CITY-ST-ZIP **CORAL GABLES FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME **LINDA DIXIE**
3.3 STREET ADDRESS **142 FLORIDA AVE**
3.4 CITY-ST-ZIP **CORAL GABLES, FL 33133** (T)

TITLE **TD** ☐ DELETE
NAME **WILLIAMS, ETTA MAE**
STREET ADDRESS **224 WASHINGTON DR**
CITY-ST-ZIP **CORAL GABLES FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **EDWINA PRIME** ☐ DELETE
NAME **141 FLORIDA AVE**
STREET ADDRESS **CORAL GABLES, FL 33133** (D)

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **LINDA DIXIE** ☐ DELETE
NAME **142 FLORIDA AVE**
STREET ADDRESS **CORAL GABLES, FL 33133** (D)

6.1 TITLE ☐ Change ☐ 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

FEB. 20, 1998

CR2E037 (10/97)