

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 19, 1999 8:00 am
Secretary of State

08-19-1999 90010 032 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999

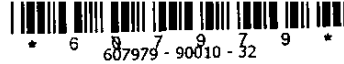


FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N26358

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	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	05/10/1988
22 City & State	27 City & State	4. FEI Number
23 Zip Country	28 Zip Country	65-0053300
24	29	Applied For
	30	Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, WILLIAM A.	1.2 NAME	
STREET ADDRESS	200 WASHINGTON DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33133	1.4 CITY-ST-ZIP	
TITLE	VTD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRIME, EDWINA	2.2 NAME	
STREET ADDRESS	141 FLORIDA AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33133	2.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIXIE, LINDA	3.2 NAME	
STREET ADDRESS	142 FLORIDA AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33133	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, ETTA MAE	4.2 NAME	
STREET ADDRESS	224 WASHINGTON DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature] 08/16/99
 Daytime Phone # _____

CR2E037 (5/99)