

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90267 041 \*\*\*\*61.25

**DOCUMENT # N26358**  
 1. Entity Name  
**LOLA B. WALKER HOMEOWNERS' ASSOCIATION OF CORAL**

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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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>65-0053300</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**COOPER, WILLIAM A.**  
**200 WASHINGTON DRIVE**  
**CORAL GABLES FL 33133**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State: <b>FL</b> Zip Code

8. 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: *William A. Cooper* (NOTE: Registered Agent signature required when reinstating) DATE: **3/28/01**

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PDT	<input type="checkbox"/> Delete
NAME	COOPER, WILLIAM A.	
STREET ADDRESS	200 WASHINGTON DRIVE	
CITY-ST-ZIP	CORAL GABLES FL 33133	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	PRIME, EDWINA	
STREET ADDRESS	141 FLORIDA AVE.	
CITY-ST-ZIP	CORAL GABLES FL 33133	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	DIXIE, LINDA	
STREET ADDRESS	142 FLORIDA AVE.	
CITY-ST-ZIP	CORAL GABLES FL 33133	
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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, LEONA C. (SEC.)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	301 WASHINGTON DRIVE	
CITY-ST-ZIP	CORAL GABLES, FL 33133	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William A. Cooper* DATE: **3/28/01** PHONE: **305-443-9466**

CR2E037 (10/00)