

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90062 047 ****61.25

DOCUMENT # N26358

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

65-0053300

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PDT
COOPER, WILLIAM A.
200 WASHINGTON DRIVE
CORAL GABLES FL 33133 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VTD
PRIME, EDWINA
141 FLORIDA AVE.
CORAL GABLES FL 33133 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TD
WILLIAMS, ETTA MAE
224 WASHINGTON DR
CORAL GABLES FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

S
BAKER, LEONA C
201 WASHINGTON DRIVE
CORAL GABLES FL 33133 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #