

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 04, 2005 08:00 AM  
Secretary of State

DOCUMENT # N26358	
1. Entity 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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number		Applied For
65-0053300		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PDT	TITLE	
NAME	COOPER, WILLIAM A.	NAME	
STREET ADDRESS	200 WASHINGTON DRIVE	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33133	CITY-ST-ZIP	
TITLE	VTD	TITLE	
NAME	PRIME, EDWINA	NAME	
STREET ADDRESS	141 FLORIDA AVE.	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33133	CITY-ST-ZIP	
TITLE	TD	TITLE	
NAME	WILLIAMS, ETTA MAE	NAME	
STREET ADDRESS	224 WASHINGTON DR	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	BAKER, LEONA C	NAME	
STREET ADDRESS	201 WASHINGTON DRIVE	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33133	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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, PRESIDENT 3/30/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #