

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000005010

**FILED**  
**Feb 08, 2019**  
**Secretary of State**  
**1198892473CC**

**Entity Name:** L.B.W. HOMEOWNERS' FOUNDATION OF CORAL GABLES, INC.

**Current Principal Place of Business:**

218 FLORIDA AVENUE  
CORAL GABLES, FL 33133

**Current Mailing Address:**

218 FLORIDA AVENUE  
CORAL GABLES, FL 33133 US

**FEI Number:** 65-1124343

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DAVIS , JUDITH  
218 FLORIDA AVENUE  
CORAL GABLES, FL 33133 US

*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:** JUDITH DAVIS

02/08/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            DAVIS, JUDITH  
Address        236 WASHINGTON DR.  
City-State-Zip: CORAL GABLES FL 33133

Title            SECRETARY, TREASURER,  
DIRECTOR  
Name            PRIME, EDWINA  
Address        141 FLORIDA AVENUE  
City-State-Zip: CORAL GABLES FL 33133

Title            VP, DIRECTOR  
Name            DIXIE, LINDA  
Address        236 WASHINGTON DRIVE  
City-State-Zip: CORAL GABLES FL 33133

Title            DIRECTOR  
Name            COOPER-BAKER, LEONA  
Address        201 WASHINGTON DR.  
City-State-Zip: CORAL GABLES FL 33133

Title            DIRECTOR  
Name            COOPER, LEONA C  
Address        200 WASHINGTON DRIVE  
City-State-Zip: CORAL GABLES FL 33133

Title            DIRECTOR  
Name            DIXON, KENNETH  
Address        236 WASHINGTON DRIVE  
City-State-Zip: CORAL GABLES FL 33133

Title            DIRECTOR  
Name            GIBSON , THEODORE  
Address        218 FLORIDA AVENUE  
City-State-Zip: CORAL GABLES FL 33133

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JUDITH DAVIS

**PRESIDENT**

02/08/2019

Electronic Signature of Signing Officer/Director Detail

Date