

**2020 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N26358

**Entity Name:** LOLA B. WALKER HOMEOWNERS' ASSOCIATION OF CORAL GABLES, INC.

**FILED**  
**Oct 27, 2020**  
**Secretary of State**  
**4999891294CR**

**Current Principal Place of Business:**

% EDWINA PRIME  
218 FLORIDA AVE  
CORAL GABLES, FL 33133

**Current Mailing Address:**

% EDWINA PRIME  
218 FLORIDA AVE  
CORAL GABLES, FL 33133 US

**FEI Number: 65-0053300**

**Certificate of Status Desired: Yes**

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

PRIME, EDWINA  
218 FLORIDA AVE  
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: EDWINA PRIME**

**10/27/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           PPREDT, PRESIDENT  
Name           PRIME, EDWINA  
Address        141 FLORIDA AVE  
City-State-Zip: CORAL GABLES FL 33133

Title           VP  
Name           CARLOW, MILDRED  
Address        207 JEFFERSON DR  
City-State-Zip: CORAL GABLES FL 33133

Title           TREASURER  
Name           DIXIE, LINDA  
Address        142 FLORIDA AVE  
City-State-Zip: CORAL GABLES FL 33133

Title           SECRETARY  
Name           BAKER, LEONA C  
Address        201 WASHINGTON DR  
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: EDWINA PRIME**

**PRESIDENT**

**10/27/2020**

Electronic Signature of Signing Officer/Director Detail

Date