## **2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000148592

Entity Name: L.B.W. HOMEOWNER'S INC.

**Current Principal Place of Business:** 

200 WASHINGTON DRIVE CORAL GABLES. FL 33133

**Current Mailing Address:** 

200 WASHINGTON DRIVE CORAL GABLES, FL 33133

FEI Number: 20-3817020 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LBW HOMEOWNERS' FOUNDATION OF CORAL GABLES 200 WASHINGTON DRIVE 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:

Electronic Signature of Registered Agent

Date

FILED Apr 12, 2013

**Secretary of State** 

CC0303194833

## Officer/Director Detail:

Title	SECRETARY, TREASURER	Title	DIRECTOR
Name	DAVIS, JUDITH	Name	PRIME, EDWINA
Address	236 WASHINGTON DRIVE	Address	141 FLORIDA AVENUE
City-State-Zip:	CORAL GABLES FL 33133	City-State-Zip:	CORAL GABLES FL 33133

Title VP Title DIRECTOR

NameDIXON, LINDANameCOOPER-BAKER, LEONAAddress236 WASHINGTON DRIVEAddress201 WASHINGTON DRIVECity-State-Zip:CORAL GABLES FL 33133City-State-Zip:CORAL GABLES FL 33133

Title PRESIDENT Title DIRECTOR

Name COOPER, LEONA C Name DIXON, KENNETH

Address 200 WASHINGTON DRIVE Address 236 WASHINGTON DRIVE

City-State-Zip: CORAL GABLES FL 33133

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LEONA C COOPER

Electronic Signature of Signing Officer/Director Detail

PRESIDENT 04/12/2013

Date