

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000148592

**Entity Name:** L.B.W. HOMEOWNER'S 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:** 20-3817020

**Certificate of Status Desired:** No

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

LBW HOMEOWNERS' FOUNDATION OF CORAL GABLES  
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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY, DIRECTOR  
Name DAVIS, JUDITH  
Address 236 WASHINGTON DRIVE  
City-State-Zip: CORAL GABLES FL 33133

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

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

Title PRESIDENT, 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

*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:** JUDITH DAVIS

**SECRETARY**

**02/08/2019**

Electronic Signature of Signing Officer/Director Detail

Date