

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N26358

1. Entity Name

LOLA B. WALKER HOMEOWNERS' ASSOCIATION OF CORAL

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90045 048 ****61.25

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 33114-1041



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0053300

Applied For

Not Applicable

Zip

Country

Zip

Country

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PDT	<input type="checkbox"/> Delete
NAME	COOPER, WILLIAM A.	
STREET ADDRESS	200 WASHINGTON DRIVE	
CITY-ST-ZIP	CORAL GABLES FL 33133	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	PRIME, EDWINA	
STREET ADDRESS	141 FLORIDA AVE.	
CITY-ST-ZIP	CORAL GABLES FL 33133	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DIXIE, LINDA	
STREET ADDRESS	142 FLORIDA AVE.	
CITY-ST-ZIP	CORAL GABLES FL 33133	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WILLIAMS, ETTA MAE	
STREET ADDRESS	224 WASHINGTON DR	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)