

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90267 041 ****61.25

DOCUMENT # N26358

1. Entity Name

LOLA B. WALKER HOMEOWNERS' ASSOCIATION OF CORAL

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 33114-8041



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 Delete
 NAME: COOPER, WILLIAM A.
 STREET ADDRESS: 200 WASHINGTON DRIVE
 CITY-ST-ZIP: CORAL GABLES FL 33133

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: VTD Delete
 NAME: PRIME, EDWINA
 STREET ADDRESS: 141 FLORIDA AVE.
 CITY-ST-ZIP: CORAL GABLES FL 33133

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ST Delete
 NAME: DIXIE, LINDA
 STREET ADDRESS: 142 FLORIDA AVE.
 CITY-ST-ZIP: CORAL GABLES FL 33133

TITLE: Change Addition
 NAME: BAKER, LEONA C. (SEC.)
 STREET ADDRESS: ~~200~~ WASHINGTON DRIVE
 CITY-ST-ZIP: 201 CORAL GABLES, FL 33133

TITLE: TD Delete
 NAME: WILLIAMS, ETTA MAE
 STREET ADDRESS: 224 WASHINGTON DR
 CITY-ST-ZIP: CORAL GABLES FL

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change 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

3/28/01

305-443-9466

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)