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Jun 02 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000001457 (9)
Corporation Name

THE FOUNDATION OF THE LOLA B. WALKER HOMEOWNERS'
ASSOCIATION OF CORAL GABLES, FLORIDA, INC.

Principal Place of Business

Mailing Address

200 WASHINGTON DRIVE
CORAL GABLES FL 33133

P. O. BOX 141041 N/A
CORAL GABLES FL 33114-1041
US



3. Date Incorporated or Qualified

03/27/1995

4. FEI Number

65-0671414

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☒

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒

Yes No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COOPER, WILLIAM A
200 WASHINGTON DRIVE
CORAL GABLES FL 33133

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FEB 20, 1998

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME COOPER, WILLIAM A
STREET ADDRESS 200 WASHINGTON DRIVE
CITY-ST-ZIP CORAL GABLES FL 33133

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME PRIME, CARL
STREET ADDRESS 14 FLORIDA AVENUE
CITY-ST-ZIP CORAL GABLES FL 33133

2.1 TITLE VP ☐ Change ☐ Addition
2.2 NAME EDWINA PRIME
2.3 STREET ADDRESS 141 FLORIDA AVE
2.4 CITY-ST-ZIP CORAL GABLES, FL 33133

TITLE S ☒ DELETE
NAME ANDREWS, APRIL
STREET ADDRESS 250 GRANT DR.
CITY-ST-ZIP CORAL GABLES FL

3.1 TITLE SEC ☐ Change ☐ Addition
3.2 NAME LINDA DIXE
3.3 STREET ADDRESS 142 FLORIDA AVE
3.4 CITY-ST-ZIP CORAL GABLES, FL 33133

TITLE D ☐ DELETE
NAME COOPER, LESLIE H
STREET ADDRESS 216 WASHINGTON DRIVE
CITY-ST-ZIP CORAL GABLES FL 33133

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME WILLIAMS, ETTA M
STREET ADDRESS 224 WASHINGTON DRIVE
CITY-ST-ZIP CORAL GABLES FL 33133

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME DUNN, ADEBELLE
STREET ADDRESS 210 FLORIDA AVENUE
CITY-ST-ZIP CORAL GABLES FL 33133

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

William A. Cooper

FEB. 20, 1998

CR2E037 (10/97)