

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Aug 19, 1999 8:00 am  
Secretary of State

08-19-1999 90010 029 \*\*\*\*61.25

DOCUMENT # N95000001457 ✓

1. Corporation Name

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

Principal Place of Business  
200 WASHINGTON DRIVE  
CORAL GABLES FL 33133

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

6 8 7 9 7 6 - 9 0 0 1 0 - 2 9 6 \*



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

03/27/1995

4. FEI Number  
65-0671414

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees

9. Name and Address of Current Registered Agent

COOPER, WILLIAM A  
200 WASHINGTON DRIVE  
CORAL GABLES FL 33133

10. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

TITLE VP ☐ DELETE  
NAME PRIME, EDWINA  
STREET ADDRESS 14 FLORIDA AVENUE  
CITY-ST-ZIP CORAL GABLES FL 33133

TITLE S ☐ DELETE  
NAME DIXIE, LINDA  
STREET ADDRESS 142 FLORIDA AVE  
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

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

08/16/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)