

# 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 % WILLIAM A. COOPER P.O. BOX 141041 CORAL GABLES FL 33114-8041	Mailing Address % WILLIAM A. COOPER P.O. BOX 141041 CORAL GABLES FL 33114-8041
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number <b>65-0053300</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**COOPER, WILLIAM A.**  
**200 WASHINGTON DRIVE**  
**CORAL GABLES FL 33133**

7. Name and Address of New Registered Agent  
 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: *William A. Cooper* (NOTE: Registered Agent signature required when reinstating)  
 DATE: **3/28/01**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BAKER, LEONA C. (SEC.)</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>301 WASHINGTON DRIVE</b> <b>301</b> <b>CORAL GABLES, FL 33133</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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* DATE: **3/28/01** PHONE: **305-443-9466**

CR2E037 (10/00)