

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90061 015 ****61.25

DOCUMENT # N26358

1. Entity Name

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

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 **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 **S** Delete
NAME **BAKER, LEONA C**
STREET ADDRESS **201 WASHINGTON DRIVE**
CITY-ST-ZIP **CORAL GABLES FL 33133**

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* PRESIDENT *WILLIAM A. COOPER* 3/28/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)