

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 712760 (8)

1. Corporation Name

LOWELL HOUSE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 340 SOUTH OCEAN BOULEVARD, PALM BEACH FL 33480
Mailing Address: 340 SOUTH OCEAN BOULEVARD, PALM BEACH FL 33480

3. Date Incorporated or Qualified: 05/18/1967
3a. Date of Last Report: 03/16/1995

2. Principal Place of Business: 21
2a. Mailing Address: 26

4. FEI Number: 59-1196918
Applied For: Not Applicable

Suite, Apt. #, etc.: 22

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

City & State: 23

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

Zip: 24
Country: 25

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

Zip: 29
Country: 30

9. Name and Address of Current Registered Agent
MCGRATH, MICHAEL J
5725 CORPORATE WAY STE 101
33407

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP MCMICHAEL, DALTON	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	505 MURPHY ST	1.2 NAME	
STREET ADDRESS	MADISON NC	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DV GWALTNEY, E C JR	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	205 RIDGEWAY DR	2.2 NAME	
STREET ADDRESS	ALEX CITY AL	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DT MOORE, SARA	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3671 TUXEDO RD. NW	3.2 NAME	
STREET ADDRESS	ATLANTA GA	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DS ROSS, JOAN	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	340 SO OCEAN BLVD., PH-A	4.2 NAME	
STREET ADDRESS	PALM BCH FL	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	BM LYLES, GEORGE W	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1101 FOREST HILL DR	5.2 NAME	
STREET ADDRESS	HIGH POINT NC	5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	BM ROTH, RONNIE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	340 SO OCEAN BLVD., 3-D	6.2 NAME	
STREET ADDRESS	PALM BEACH FL	6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *George Lyle* GEORGE LYLE
Date: 4-25-96
Daytime Phone #: (407)655-5056

CR2E037 (12/95)