


FILE NOW: FILING FEE IS \$61.25

FILED

**May 01 1997 8:00am
Secretary of State**

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # 712760 1. Corporation Name Lowell House Condominium Association, Inc. | | | |
| Principal Place of Business 340 South Ocean Blvd. Palm Beach, FL 33480 | | Mailing Address 340 South Ocean Blvd. Palm Beach, FL 33480 | |
| 2. Principal Place of Business 21 | | 2a. Mailing Address 26 | |
| Suite, Apt. #, etc. 22 | | Suite, Apt. #, etc. 27 | |
| City & State 23 | | City & State 28 | |
| Zip 24 | Country 25 | Zip 29 | Country 30 |
| 9. Name and Address of Current Registered Agent McGrath, Michael J 5725 Corporate Way Suite #101 West Palm Beach, FL 33407 | | 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: _____ DATE: _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | DV Gwaltney, E.C. Jr. 205 Ridgeway Drive Alex City, AL | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP | DP Gwaltney, E.C. Jr. 205 Ridgeway Drive Alex City, AL |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | DP McMichael, Dalton 505 Murphy Street Madison, NC | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY- ST- ZIP | DV McMichael, Dalton 505 Murphy Street Madison, NC |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | DT Moore, Sara 3671 Tuxedo Rd NW Atlanta, GA | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY- ST- ZIP | Change Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | DS Ross, Joan 340 S. Ocean Blvd. PH-A Palm Beach, FL | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP | Change Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | BM Lyles, George W 1101 Forest Hill Dr High Point, NC | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST- ZIP | Change Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | BM Roth, Ronnie 340 S. Ocean Blvd. 3-D Palm Beach, FL | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY- ST- ZIP | Change Addition 700002163137 -05/02/97--01029--018 ***61.25 |
| 14. I do 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: <u>Joan L. Ross</u> Joan L. Ross, Secretary, Bd. of Dir. 4-28-97 (561)655-5656 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small> | | | |

CR2E037 (9/96)