

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 01 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 712760 (8)**  
 1. Corporation Name  
**LOWELL HOUSE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>340 SOUTH OCEAN BOULEVARD PALM BEACH FL 33480</b>	Mailing Address <b>340 SOUTH OCEAN BOULEVARD PALM BEACH FL 33480</b>
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3. Date Incorporated or Qualified <b>05/18/1967</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number <b>59-1196918</b>		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**MCGRATH, MICHAEL J**  
**5725 CORPORATE WAY STE 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	85 Zip Code
			<b>FL</b>	

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV 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	
TITLE	DP 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	
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	
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	
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	
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	
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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.

SIGNATURE: *George D. Pyle* **George D. Pyle, LCAM** Feb. 10, 1998 (561) 655-5656

CR2E037 (10/97)