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May 13, 1999 8:00 am
Secretary of State

05-13-1999 90002 042 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 712760 ✓

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/28/1967

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
 2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: 59-1196918 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property Tax: Yes 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 FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joan L. Ross Joan L. Ross, Secretary, Board of Dir. Apr. 21, 1999
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

(561) 655-5656

CR2E034 (1/98)