FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAR 16 AM 10:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 712760 (8)

1. Corporation Name
LOWELL HOUSE CONDOMINIUM ASSOCIATION, INC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/18/1967
3a. Date of Last Report: 04/27/1994
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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	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 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 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 _____ 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	DP	1.1 TITLE	DP	☑ Change ☐ Addition
NAME	LYLES, GEORGE W	1.2 NAME	MCMICHAEL, DALTON	
STREET ADDRESS	1101 FOREST HILL DR	1.3 STREET ADDRESS	505 MURPHY ST.	
CITY-ST-ZIP	HIGH POINT, NC 00000	1.4 CITY-ST-ZIP	MADISON, NC	
TITLE	DT	2.1 TITLE	DV	☑ Change ☐ Addition
NAME	GWALTNEY, E C JR	2.2 NAME	GWALTNEY, E.C. JR.	
STREET ADDRESS	205 RIDGEWAY DR	2.3 STREET ADDRESS	205 RIDGEWAY DR.	
CITY-ST-ZIP	ALEX CITY AL	2.4 CITY-ST-ZIP	ALEX CITY, AL	
TITLE	SD	3.1 TITLE	DT	☑ Change ☐ Addition
NAME	ROTH, RONNIE	3.2 NAME	MOORE, SARA	
STREET ADDRESS	340 S. OCEAN BLVD, 3-D	3.3 STREET ADDRESS	3671 TUXEDO RD. NW	
CITY-ST-ZIP	PALM BCH, FL 00000	3.4 CITY-ST-ZIP	ATLANTA, GA	
TITLE	BM	4.1 TITLE	DS	☐ Change ☑ Addition
NAME	THOMAS, JOHN	4.2 NAME	ROSS, JOAN	
STREET ADDRESS	340 S OCEAN BLVD, 3-4	4.3 STREET ADDRESS	340 SO. OCEAN BLVD, PH-A	
CITY-ST-ZIP	PALM BCH FL	4.4 CITY-ST-ZIP	PALM BEACH, FL	
TITLE	BM	5.1 TITLE	BM	☑ Change ☐ Addition
NAME	MOORE, SARA	5.2 NAME	LYLES, GEORGE W.	
STREET ADDRESS	3671 TUXEDO RD NW	5.3 STREET ADDRESS	1101 FOREST HILL DR.	
CITY-ST-ZIP	ATLANTA GA	5.4 CITY-ST-ZIP	HIGH POINT, NC	
TITLE	DV	6.1 TITLE	BM	☑ Change ☐ Addition
NAME	MCMICHAEL, DALTON	6.2 NAME	ROTH, RONNIE	
STREET ADDRESS	505 MURPHY ST	6.3 STREET ADDRESS	340 SO. OCEAN BLVD, 3-D	
CITY-ST-ZIP	MADISON NC	6.4 CITY-ST-ZIP	PALM BEACH, FL	

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)(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: Joan L. Ross 10 MAR 95 (407) 655-5656
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Joan L. Ross, Secretary

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