

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 712760

1. Entity 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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

MCGRATH, MICHAEL J  
5725 CORPORATE WAY STE 101  
WEST PALM BEACH FL 33407

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25  
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> Delete
NAME	MCMICHAEL, DALTON	
STREET ADDRESS	505 MURPHY ST	
CITY-ST-ZIP	MADISON NC	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	GWALTNEY, E C JR	
STREET ADDRESS	205 RIDGEWAY DR	
CITY-ST-ZIP	ALEX CITY AL	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	MOORE, SARA	
STREET ADDRESS	3671 TUXEDO RD. NW	
CITY-ST-ZIP	ATLANTA GA	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	ROSS, JOAN	
STREET ADDRESS	340 SO OCEAN BLVD., PH-A	
CITY-ST-ZIP	PALM BCH FL	
TITLE	BM	<input type="checkbox"/> Delete
NAME	LYLES, GEORGE W	
STREET ADDRESS	1101 FOREST HILL DR	
CITY-ST-ZIP	HIGH POINT NC	
TITLE	BM	<input type="checkbox"/> Delete
NAME	ROTH, RONNIE	
STREET ADDRESS	340 SO OCEAN BLVD., 3-D	
CITY-ST-ZIP	PALM BEACH FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McMichael, Dalton	
STREET ADDRESS	505 Murphy Street	
CITY-ST-ZIP	Madison, NC	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lyles, George W.	
STREET ADDRESS	1101 Forest Hill Dr.	
CITY-ST-ZIP	High Point, NC	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ronnie Roth	
STREET ADDRESS	340 So. Ocean Blvd.	
CITY-ST-ZIP	Palm Beach, FL	
TITLE	BM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert C. Hannon	
STREET ADDRESS	340 So. Ocean Blvd., 1-G	
CITY-ST-ZIP	Palm Beach, FL	
TITLE	BM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Elmore Jr.	
STREET ADDRESS	15 Sturbridge Lane	
CITY-ST-ZIP	Greensboro, NC	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Aug 22, 2000 8:00 am  
Secretary of State

03-01-2000 90008 032 \*\*\*\*61.25

08-22-2000 90003 003 \*\*\*\*61.25

A0073697



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1196918

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

CR2E037 (5/00)