

2001 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, if different

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1196918

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

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**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	NAME	STREET ADDRESS	CITY-ST-ZIP	
DP	MCMICHAEL, DALTON	505 MURPHY ST	MADISON NC	<input checked="" type="checkbox"/> Delete

DT	LYLES, GEORGE W	1101 FOREST HILL DR	HIGH POINT NC	<input type="checkbox"/> Delete
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DSBM	ROTH, RONNIE	340 SO. OCEAN BLVD	PALM BEACH FL	<input type="checkbox"/> Delete
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BM	HANNON, ROBERT C	340 SO. OCEAN BLVD. 1-G	PALM BCH FL	<input type="checkbox"/> Delete
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BM	LYLES, GEORGE W	1101 FOREST HILL DR	HIGH POINT NC	<input type="checkbox"/> Delete
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BM	ELMORE, WILLIAM JR	15 STURBRIDGE LANE	GREENSBORO NC	<input type="checkbox"/> Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
DP	Reynolds, Wiley	340 So. Ocean Blvd., 3-E	Palm Beach, FL 33480	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

DT	Elmore, William	340 So. Ocean Blvd., 5-B	Palm Beach, FL 33411	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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DSBM	Roth, Ronnie	340 So. Ocean Blvd., 3-D	Palm Beach, FL 33411	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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BM	Hannon, Robert C.	340 So. Ocean Blvd., 1-G	Palm Beach, FL 33411	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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BM	Lyles, George	1101 Forest Hill Dr.	High Point, NC 27262	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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BM	McMichael, Dalton	505 Murphy St.	Madison, NC 27027	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90223 007 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)