


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2004 8:00 am
Secretary of State

05-27-2004 90014 005 ***150.00

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.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01192004 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-1196918				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT REYNOLDS, WILEY 340 S. OCEAN BLVD 3-E PALM BEACH, FL 33480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change: <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM LYLES, GEORGE W 1101 FOREST HILL DR HIGH POINT, NC 27262 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM PERSON, MEREDITH 340 S. OCEAN BLVD 4-C PALM BEACH, FL 33480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PERSON, MEREDITH <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MOORE, SARA 340 S OCEAN BLVD 5-D PALM BEACH, FL 33480 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ELMORE, WILLIAM JR 340 S. OCEAN BLVD 5-B PALM BEACH, FL 33480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>George Pyle</i> George PYLE					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 2/4/04 Daytime Phone # (561) 655-5656					