2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State
03-07-2005 90264 047 ****61.25

DOCUMENT # 712760

1. Entity 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

66012537

02232005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		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	7. Name and Address of New Registered Agent
MCGRATH, MICHAEL J 5725 CORPORATE WAY STE 101 WEST PALM BEACH, FL 33407	Name: Gail C. Meyers Street Address (P.O. Box Number is Not Acceptable): Meyers & Associate CPA PA 5725 Corporate Way #101 City: West Palm Beach **FL** Zip Code: 33407

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: Gail C Meyers DATE: 4/22/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BM E.Massie Valentine 340 So. Ocean Blvd., Apt 3-F Palm Beach, Fl 33480	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BM LYLES, GEORGE W 1101 FOREST HILL DR HIGH POINT, NC 27262	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BM W.J. Armfield IV 340 So. Ocean Blvd., Apt. 5-F Palm Beach, Fl 33480	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS PERSON, MERIDTIH 340 S OCEAN BLVD 4-C PALM BEACH, FL 33480	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BM Charles Warwick 340 So. Ocean. Blvd., Apt. 5-C Palm Beach, FL 33480	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP ELMORE, WILLIAM JR 340 S. OCEAN BLVD 5-B PALM BEACH, FL 33480	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BM John Brod 340 So. Ocean Blvd., Apt 2-A Palm Beach, FL 33480	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: George Pyle GEORGE PYLE ESQ 3-4-05 (561)655-5656
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #