


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90110 034 ****61.25

DOCUMENT # N97000002977 1. Entity Name LOWELL'S LANDING HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business C/O PHOENIX MANAGEMENT SERVICE 4800 N STATE RD 7 F105 LAUDERDALE LAKES, FL 33319			Mailing Address C/O PHOENIX MANAGEMENT SERVICE 4800 N STATE RD 7 F105 LAUDERDALE LAKES, FL 33319		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0812481	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KATZMAN & KORR, P.A. 1501 NW 49TH STREET SUITE 202 FORT LAUDERDALE, FL 33309			Name Street Address (P.O. Box Number is Not Acceptable) City		
			State 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, 2007		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	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PATRICK, ARNIE		NAME		
STREET ADDRESS	852 NW 130 AVE		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FL 33028		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BARBARD, DENNIS		NAME	AD JONATHAN SCHWARTZ	
STREET ADDRESS	13174 NW 9 CT		STREET ADDRESS	13244 NW 9 COURT	
CITY-ST-ZIP	PEMBROKE PINES, FL 33028		CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAUCH, LISA		NAME	SD RAUCH, LISA	
STREET ADDRESS	318 NW 133 AVE		STREET ADDRESS	818 NW 133 AVE	
CITY-ST-ZIP	PEMBROKE PINES, FL 33028		CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PULCI, CHARLENE		NAME		
STREET ADDRESS	948 NW 133 AVE		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FL 33028		CITY-ST-ZIP		
TITLE	DD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KRUCZEK, DEBORAH		NAME	D JAY WEISBERG	
STREET ADDRESS	13242 NW 8 ST		STREET ADDRESS	863 NW 131 AVE	
CITY-ST-ZIP	PEMBROKE PINES, FL 33028		CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>Charlene Pulci</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 2/2/07 Daytime Phone (954) 940-5382		