

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002977

FILED  
Mar 08, 2012  
Secretary of State

**Entity Name:** LOWELL'S LANDING HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O WEST BROWARD COMM MGMT  
820 SOUTH STATE ROAD 7  
PLANTATION, FL 33317

**New Principal Place of Business:**

**Current Mailing Address:**

C/O WEST BROWARD COMM MGMT  
820 SOUTH STATE ROAD 7  
PLANTATION, FL 33317

**New Mailing Address:**

**FEI Number:** 65-0812481

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WEST BROWARD COMM MGMT  
820 SOUTH STATE ROAD 7  
PLANTATION, FL 33317 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: RAUSCH, LISA  
Address: 818 NW 133 AVE  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: P  
Name: WEISBERG, JAY  
Address: 863 NW 131 AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: S  
Name: CHEEMOKE, LINDA P  
Address: 833 NW 131 AVE  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D  
Name: PATRICK, ARNIE  
Address: 852 NW 130 AVE  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: T  
Name: DAILEY, VANESSA  
Address: 13265 NW 9 CT  
City-St-Zip: PEMBROKE PINES, FL 33028

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAY WEISBERG

P

03/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date