

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED

07 JUL -6 PM 1:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04162007 Chg-P CR2E034 (12/06)

4. FEI Number **03-0602632** Applied For  
Not Applicable

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

**DOCUMENT # P06000062731**

1. Entity Name  
**LOWELL AT MTC 5&6, INC.**



Principal Place of Business  
**80 SW 8TH ST., SUITE 1870  
MIAMI, FL 33130**

Mailing Address  
**80 SW 8TH ST., SUITE 1870  
MIAMI, FL 33130**

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
City & State

Zip  
Country

6. Name and Address of Current Registered Agent  
**KAHN, S. LAWRENCE III  
80 SW 8TH ST., SUITE 1870  
MIAMI, FL 33130**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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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 607, 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: *S. Kahn* **4/24/07** **305-577-8550**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



## Lowell Homes

Department of State  
Division of Corporations, Corporate Filings  
P O Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

We received a Notice of Intent to Dissolve for each of the following companies:

P06000062770-Lowell at MTC 4B, Inc.  
P06000062731-Lowell at MTC 5&6, Inc.  
N06000011294-Mirage at Oasis Community Association, Inc.  
N06000011286-Miramar Town Center Club Association, Inc.  
N06000008221-Provence Homeowners Association, Inc.  
N06000011291-Torino S.W. Condominium Association, Inc.

We never received any notification that the Federal Identification Number (FEIN) was missing on these filings. Enclosed please find a copy of each Annual Report filing with the missing FEIN added. Also, enclosed is a copy of the cancelled check for each filing showing the report was received before the May 1, 2007 deadline.

If you need any further information, please call me at 305-577-8550 or write me at the address below.

Sincerely,

Robert Hentschel  
Assistant to the Chief Financial Officer

Enclosures

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