

2007 FOR PROFIT CORPORATION ANNUAL REPORT

Page 1 of 2

DOCUMENT # P06000062770

1. Entity Name
LOWELL AT MTC 4B, INC.



FILED

07 JUL -6 AM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 26 07 90184 001 1SD



04162007 Chg-P CR2E034 (12/06)

4. FEI Number
03-0602630 Applied For
Not Applicable

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

Kahn, S. Lawrence III
80 SW 8th Street, Suite 1870
Miami, FL 33130

7/10/07

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/07

Date

305-577-8550

Daytime Phone #



Lowell Homes

Page 2

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