

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V27078** (7)

1. Corporation Name

LOWELL AT SILVER LAKES, INC.



Principal Place of Business

Mailing Address

**C/O KATHERINE NOLTING, LOWELL HOMES
1451 SOUTH MIAMI AVENUE
MIAMI FL 33130**

**C/O KATHERINE NOLTING, LOWELL HOMES
1451 SOUTH MIAMI AVENUE
MIAMI FL 33130**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/08/1992

3a. Date of Last Report

04/17/1995

4. FEI Number

65-0329928

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☐ No

10. Name and Address of New Registered Agent

**KAHN, S. LAWRENCE, III
1451 S. MIAMI AVE.
MIAMI FL 33130**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85.

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the jurisdiction of, Section 607.0505, Florida Statutes.

SIGNATURE

S. L. KAHN, III

S. L. KAHN, III

4/26/96

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME

**PD
KAHN, S. LAWRENCE, III
1451 S. MIAMI AVE.
MIAMI FL**

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TITLE
NAME

**VST
NOLTING, KATHERINE
1451 S. MIAMI AVE.
MIAMI FL 33130**

☒ DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

**VST
HEARNE, ALAN
1451 SOUTH MIAMI AVENUE
MIAMI FL 33130**

☐ Change

☒ Addition

TITLE
NAME

☐ DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE
NAME

☐ DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE
NAME

☐ DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE
NAME

☐ DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S. L. KAHN, III

4/26/96

(305) 577-8550

DATE

TELEPHONE #

CR2E034 (12/95)