

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004155

FILED
Mar 25, 2012
Secretary of State

Entity Name: LOWE'S CITY HOA, INC.

Current Principal Place of Business:

5200 28 ST N
LOT 189
SAINT PETERSBURG, FL 33714

New Principal Place of Business:

Current Mailing Address:

5200 28 ST N
LOT 189
SAINT PETERSBURG, FL 33714

New Mailing Address:

FEI Number: 11-3773374

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SULLIVAN, VICKI A
5200 28TH ST N
LOT 189
SAINT PETERSBURG, FL 33714 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: PRES
Name: SULLIVAN, VICKI A
Address: 5200 28TH ST N LOT 189
City-St-Zip: SAINT PETERSBURG, FL 33714

Title: VP
Name: JONES, JULIE
Address: 5200 28TH ST N LOT 150
City-St-Zip: ST PETERSBURG, FL 33714

Title: SEC
Name: LEVEY, CAROL
Address: 5200 28TH ST N LOT 633
City-St-Zip: SAINT PETERSBURG, FL 33714

Title: TREA
Name: LUCE, SHARON
Address: 5200 28TH ST N LOT 365
City-St-Zip: SAINT PETERSBURG, FL 33714

Title: DIR
Name: HENRY, CLIFF
Address: 5200 28TH ST N LOT 327
City-St-Zip: ST PETERSBURG, FL 33714

Title: DIR
Name: CARTA, PAT
Address: 5200 28TH ST N LOT 328
City-St-Zip: SAINT PETERSBURG, FL 33714

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: VICKI SULLIVAN

PRES

03/25/2012

Electronic Signature of Signing Officer or Director

Date