

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004155

Entity Name: LOWE'S CITY HOA, INC.**Current Principal Place of Business:**5200 28 ST N
LOT 189
SAINT PETERSBURG, FL 33714**Current Mailing Address:**5200 28 ST N
LOT 189
SAINT PETERSBURG, FL 33714**FEI Number:** 11-3773374**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SULLIVAN, VICKI A
5200 28TH ST N
LOT 189
SAINT PETERSBURG, FL 33714 US*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

Officer/Director Detail :

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

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

Title TREASURER
Name MOLNER, PAULA
Address 5200 28TH ST N LOT 530
City-State-Zip: SAINT PETERSBURG FL 33714

Title DIRECTOR
Name HENDERSON, MAXINE
Address 5200 28TH ST N LOT 635
City-State-Zip: ST PETERSBURG FL 33714

Title VP
Name GROSS, CHERYL
Address 5200 28TH ST N LOT 659
City-State-Zip: SAINT PETERSBURG FL 33714

Title DIRECTOR
Name HUNKELE, DELANA
Address 5200 28 ST N LOT 664
City-State-Zip: SAINT PETERSBURG FL 33714

Title DIRECTOR
Name COUNTS, LARRY
Address 5200 28TH ST N LOT 377
City-State-Zip: ST 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

PRESIDENT

03/16/2016

Electronic Signature of Signing Officer/Director Detail

Date