

**2017 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

04/11/2017

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date