

**2015 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	PRES
Name	SULLIVAN, VICKI A
Address	5200 28TH ST N LOT 189
City-State-Zip:	SAINT PETERSBURG FL 33714

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

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

Title	DIR
Name	HENRY, CLIFF
Address	5200 28TH ST N LOT 327
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	GREENSLADE, ESTELLE
Address	5200 28 ST N LOT 636
City-State-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

03/18/2015

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