

**2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N06000004155

**Entity Name:** LOWE'S CITY HOA, INC.

**Current Principal Place of Business:**

5200 28 ST N  
671  
SAINT PETERSBURG, FL 33714

**Current Mailing Address:**

5200 28 ST N  
LOT 671  
SAINT PETERSBURG, FL 33714 US

**FEI Number:** 11-3773374

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MULLEN, PATRICK  
5200 28TH ST N  
LOT 671  
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:** PATRICK MULLEN

**07/09/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name MULLEN, PATRICK  
Address 5200 28TH ST N LOT 671  
City-State-Zip: SAINT PETERSBURG FL 33714

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

Title D  
Name HILDRETH, LEON  
Address 5200 28 ST N  
LOY 433  
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 BUNTROCK, BILL  
Address 5200 28 ST N  
LOT 629  
City-State-Zip: SAINT PETERSBURG FL 33714

Title S, TREASURER  
Name RIPLEY, CYNTHIA  
Address 5200 28 ST N  
LOT 361  
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:** CYNTHIA ANN RIPLEY

**SECRETARY, TREASURE 07/09/2022**

Electronic Signature of Signing Officer/Director Detail

Date