

2019 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 530
SAINT PETERSBURG, FL 33714**Current Mailing Address:**5200 28 ST N
LOT 530
SAINT PETERSBURG, FL 33714 US**FEI Number:** 11-3773374**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MOLNER, PAULA
5200 28TH ST N
LOT 530
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:** PAULA MOLNER

04/09/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title SECRETARY
Name RIPLEY, CYNDI
Address 5200 28TH ST N LOT 361
City-State-Zip: SAINT PETERSBURG FL 33714

Title VP
Name HUBER, ROBERT
Address 5200 28TH ST N LOT 318
City-State-Zip: SAINT PETERSBURG FL 33714

Title DIRECTOR
Name COUNTS, KEN
Address 5200 28TH ST N LOT 377
City-State-Zip: ST PETERSBURG FL 33714

Title TREASURER
Name BENNETT, CAROLYN
Address 5200 28TH ST N LOT 609
City-State-Zip: SAINT PETERSBURG FL 33714

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

Title DIRECTOR
Name SCHMICHLE, JUDI
Address 5200 28 ST N
 LOT 431
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: PAULA MOLNER

PRESIDENT

04/09/2019

Electronic Signature of Signing Officer/Director Detail

Date