


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 08:00 A
Secretary of State

DOCUMENT # N42865	
1. Entity Name LOWRY OAKS HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 1307 WEST CARISSA CT. TAMPA, FL 33604	Mailing Address 1307 WEST CARISSA CT. TAMPA, FL 33604
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DO NOT WRITE IN THIS SPACE



04102007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3063667	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**FERNANDEZ, ANTHONY
1307 W. CARISSA CT.
TAMPA, FL 33604**

DO NOT WRITE
IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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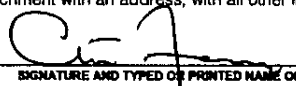
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERNANDEZ, ANTHONY 1307 WEST CARISSA CT. TAMPA, FL 33604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SILKEBAKKEN, DON 1302 W CARISSA CT TAMPA, FL 33604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOGUSH, KIMBERLY 1312 WEST CARISSA CT TAMPA, FL 33604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BLACKFORD, MATTHEW 1301 WEST CARISSA CT. TAMPA, FL 33604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U000000718162
05/01/07-80011-002 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **ANTHONY FERNANDEZ** **4/11/07** **(813) 931-0823**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #