2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# N42865

Entity Name: LOWRY OAKS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1307 WEST CARISSA CT.
TAMPA, FL 33604

New Principal Place of Business:

Current Mailing Address:

1307 WEST CARISSA CT.
TAMPA, FL 33604

New Mailing Address:

FEI Number: 59-3063667 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	TD	( ) Delete
Name:	FERNANDEZ, ANTHONY	
Address:	1307 WEST CARISSA CT.	
City-St-Zip:	TAMPA, FL 33604	
Title:	PD	( ) Delete
Name:	SILKEBAKKEN, DON	
Address:	1302 W CARISSA CT	
City-St-Zip:	TAMPA, FL 33604	
Title:	S	( ) Delete
Name:	BOGUSH, KIMBERLY	
Address:	1312 WEST CARISSA CT	
City-St-Zip:	TAMPA, FL 33604	
Title:	TD	( ) Delete
Name:	BLACKFORD, MATTHEW	
Address:	1301 WEST CARISSA CT.	
City-St-Zip:	TAMPA, FL 33604	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	PD	(X) Change ( ) Addition
Name:	BOWMAN, RICHARD	
Address:	1308 W CARISSA CT	
City-St-Zip:	TAMPA, FL 33604	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	TD	(X) Change ( ) Addition
Name:	BLACKFORD, MATTHEW	
Address:	1306 WEST CARISSA CT.	
City-St-Zip:	TAMPA, FL 33604	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ANTHONY FERNANDEZ TD 04/20/2009

Electronic Signature of Signing Officer or Director — Date