

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Apr 16, 2009
Secretary of State

DOCUMENT# N98000005258

Entity Name: DOW ROAD INDUSTRIAL CONDO ASSOCIATION, INC.**Current Principal Place of Business:**4000 DOW RD
SUITE #1
MELBOURNE, FL 32934**New Principal Place of Business:****Current Mailing Address:**4000 DOW RD
SUITE #1
MELBOURNE, FL 32934**New Mailing Address:****FEI Number:** 59-3537752**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BELLAMY, BARTON A
2082 SIROCO LANE
MELBOURNE, FL 32934 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:** VP () Delete
Name: JARAMILLO, RICHARD
Address: 4000 DOW RD. #6
City-St-Zip: MELBOURNE, FL 32934**Title:** D () Delete
Name: POUND, TODD
Address: 4000 DOW RD #7
City-St-Zip: MELBOURNE, FL 32934**Title:** T () Delete
Name: LYMAN, ANGELITA
Address: 4000 DOW ROAD, #1
City-St-Zip: MELBOURNE, FL 32934**Title:** D () Delete
Name: TRIVETTE, WILLIAM
Address: 4000 DOW RD. #8
City-St-Zip: MELBOURNE, FL 32934**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P (X) Change () Addition
Name: BELLAMY, BARTON A
Address: 4000 DOW RD. #3
City-St-Zip: MELBOURNE, FL 32934**Title:** VP (X) Change () Addition
Name: JARAMILLO, RICHARD
Address: 4000 DOW RD #6
City-St-Zip: MELBOURNE, FL 32934**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D () Change (X) Addition
Name: POUND, TODD
Address: 4000 DOW ROAD, #7
City-St-Zip: MELBOURNE, FL 32934

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: ANGELITA E. LYMAN

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04/16/2009

Electronic Signature of Signing Officer or Director

Date