

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000005821 (2)

1. Corporation Name

DOW CENTRAL PARK OWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1825 RIVERVIEW DRIVE
MELBOURNE FL 32901

1825 RIVERVIEW DRIVE
MELBOURNE FL 32901

3. Date Incorporated or Qualified

12/08/1995

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

~~MICHELLE BRUCE-A~~
1825 RIVERVIEW DRIVE
MELBOURNE FL 32901

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

4/1/96

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

JAMES L. Reinman

82 Street Address (P.O. Box Number is Not Acceptable)

1825 S Riverview Dr.

83

84 City

Melbourne

FL

85

Zip Code
32901

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/26/96

12. OFFICERS AND DIRECTORS

TITLE

PSTD

☐ DELETE

NAME

DOWAT, STANLEY DR

STREET ADDRESS

2120 SO. RIVER ROAD

CITY-ST-ZIP

MELBOURNE BEACH FL 32951

TITLE

~~P~~

☐ DELETE

NAME

~~MICHELLE BRUCE-A DR~~

STREET ADDRESS

~~1825 S RIVERVIEW DRIVE~~

CITY-ST-ZIP

~~MELBOURNE FL 32901~~

TITLE

V/D

☐ DELETE

NAME

Georgine Krizek

STREET ADDRESS

906 Central Avenue

CITY-ST-ZIP

Downes Grove, IL 60516

TITLE

D

☐ DELETE

NAME

James L. Reinman

STREET ADDRESS

1825 S. Riverview Drive

CITY-ST-ZIP

Melbourne, FL 32901

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

***61.25

12
5.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Georgine A. Krizek Personal Rep.

3-26-96

Date

Daytime Phone #

407-768-2001

CR2E037 (12/95)