

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

1825 RIVERVIEW DRIVE
MELBOURNE FL 32901

Mailing Address

1825 RIVERVIEW DRIVE
MELBOURNE FL 32901-4711

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified
12/08/1995

3a. Date of Last Report
05/20/1996

4. FEI Number

APPLIED FOR 59-347650

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

9. Name and Address of Current Registered Agent

REIMAN, JAMES L.
1825 RIVERVIEW DRIVE
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

81 Name

Robert W. WATTWOOD

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

(NOTE: Registered Agent signature required when reinstating.)

DATE

3/19/97

12. OFFICERS AND DIRECTORS

TITLE PSTD ☒ DELETE
NAME DOWIAT, STANLEY DR
STREET ADDRESS 2120 SO. RIVER ROAD
CITY-ST-ZIP MELBOURNE BEACH FL 32951

TITLE D ☒ DELETE
NAME REIMAN, JAMES L.
STREET ADDRESS 1825 SO. RIVERVIEW DRIVE
CITY-ST-ZIP MELBOURNE FL 32901

TITLE V/D ☐ DELETE
NAME KRIZEK, GEORGINE
STREET ADDRESS 906 CENTRAL AVE.
CITY-ST-ZIP DOWNES GROVE IL 60516

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 S/T ☐ Change ☒ Addition
1.2 NAME Carolyn Krizek
1.3 STREET ADDRESS 468 W. Melrose, Apt. 259
1.4 CITY-ST-ZIP Chicago, IL 60657

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME Brian Anderson
2.3 STREET ADDRESS P.O. Box 2524 (N/A)
2.4 CITY-ST-ZIP Darien, IL 60561

3.1 TITLE P/D ☒ Change ☐ Addition
3.2 NAME Georgine Krizek
3.3 STREET ADDRESS 906 Central
3.4 CITY-ST-ZIP Downes Grove, IL 60516

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME Thomas Krizek
4.3 STREET ADDRESS 423 Sherwood Road
4.4 CITY-ST-ZIP LaGrange Park, IL 60526

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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