

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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.
Amended



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
4. FEI Number: 59-3447650 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
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address
1 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
WATTWOOD, ROBERT W
1825 S. RIVERVIEW DR.
MELBOURNE FL 32901

10. Name and Address of New Registered Agent
81 Name: JAMES L. REINMAN
82 Street Address (P.O. Box Number is Not Acceptable): 1825 Riverview Drive
83
84 City: Melbourne FL 85 Zip Code: 32901

11. Pursuant to the provisions of Sections 617.0502 and 617.1008, 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: *James L. Reinman* James L. Reinman
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	ST	<input type="checkbox"/> DELETE
NAME	KRIZEK, CARLOYN	
STREET ADDRESS	468 W. MELROSE, APT. 259	
CITY-ST-ZIP	CHICAGO IL 60657	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ANDERSON, BRIAN	
STREET ADDRESS	P.O. BOX 2524 N/A	
CITY-ST-ZIP	DAREIN IL 60561	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	KRIZEK, GEORGE	
STREET ADDRESS	906 CENTRAL AVE.	
CITY-ST-ZIP	DOWNERS GROVE IL 60516	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KRIZEK, THOMAS	
STREET ADDRESS	423 SHERWOOD ROAD	
CITY-ST-ZIP	LAGRANGE PARK IL 60526	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Krizek, Georgine
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Addition
5.2 NAME	800002505708
5.3 STREET ADDRESS	-04/29/98--01089--036
5.4 CITY-ST-ZIP	***61.25
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

I 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.

SIGNATURE: *Georgine Krizek* 3/23/98
Signature and typed or printed name of signing officer or director Date
Georgine Krizek, President
County Photo # 0018278

CR2E037 (10/97)