

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WATTWOOD, ROBERT W
1825 S. RIVERVIEW DR.
MELBOURNE FL 32901

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.

James L. Reinman

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
ST
KRIZEK, CARLOYN
STREET ADDRESS
468 W. MELROSE, APT. 259
CITY-ST-ZIP
CHICAGO IL 60657

TITLE ☐ DELETE

NAME
D
ANDERSON, BRIAN
STREET ADDRESS
P.O. BOX 2524 N/A
CITY-ST-ZIP
DAREIN IL 60561

TITLE ☐ DELETE

NAME
PD
KRIZEK, GEORGE
STREET ADDRESS
906 CENTRAL AVE.
CITY-ST-ZIP
DOWNERS GROVE IL 60516

TITLE ☐ DELETE

NAME
D
KRIZEK, THOMAS
STREET ADDRESS
423 SHERWOOD ROAD
CITY-ST-ZIP
LAGRANGE PARK IL 60526

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

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

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

Krizek, Georgine

800002505708
-04/29/98--01089--036
***61.25

CR2E037 (10/97)

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Georgine Krizek, President

Date

Daytime Phone # 0018278

3/23/98