

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000005821

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

FILED  
Mar 04, 1999 8:00 am  
Secretary of State

03-04-1999 90017 012 \*\*\*\*61.25

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2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

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25

29

30

9. Name and Address of Current Registered Agent

REINMAN, JAMES L  
1825 S. RIVERVIEW DR.  
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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

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

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

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14. 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED (Georgine Krizek) 2/8/99 620-985-8629

CR2E037 (1/98)