

# 2000, UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005821

1. Entity Name

DOW CENTRAL PARK OWNERS' ASSOCIATION, INC.

**FILED**  
Jun 09, 2000 8:00 am  
Secretary of State

05-16-2000 90115 001 \*\*\*\*61.25

Principal Place of Business

1825 RIVERVIEW DRIVE  
MELBOURNE FL 32901

Mailing Address

1825 RIVERVIEW DRIVE  
MELBOURNE FL 32901-4711

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3447650

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

REINMAN, JAMES L  
1825 S. RIVERVIEW DR.  
MELBOURNE FL 32901

7. Name and Address of New Registered Agent

Name  
VANDIVER, SHIRLEY

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

9100 ELLIS ROAD UNIT A

MELBOURNE, FL 32904

City

FL

Zip Code  
32904

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

*Shirley S. Vandiver*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/00

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
KRIZEK, THOMAS  
906 CENTRAL AVE  
DOWNERS GROVE IL 60516 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PRESIDENT  
HOWARD, MICHAEL F  
6921 VICKI CIRCLE  
WEST MELBOURNE, FL 32904 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VICE PRESIDENT  
GENSEN, EDWARD  
450 STAN DRIVE, UNIT 18  
MELBOURNE, FL 32904 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VICE PRESIDENT  
SMALL, RICHARD  
2368 BROOKSIDE DRIVE  
INDIALANTIC, FL 32903 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
SECRETARY/TREASURER  
VANDIVER, SHIRLEY  
9100 ELLIS ROAD, UNIT A  
MELBOURNE, FL 32904 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
OFFICER  
VANDIVER, CLAUDE  
9100 ELLIS ROAD, UNIT A  
MELBOURNE, FL 32904 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

12. 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 report or supplemental 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 817, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Michael F. Howard*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-00

Date

321-724-5771

Daytime Phone #

CR2E037 (9/98)