

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000005258

1. Entity Name
DOW ROAD INDUSTRIAL CONDO ASSOCIATION, INC.



Principal Place of Business
**4000 DOW RD, STE 1
MELBOURNE, FL 32934**

Mailing Address
**4000 DOW RD, STE 1
MELBOURNE, FL 32934**

DO NOT WRITE IN THIS SPACE



03182005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3537752

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BELLAMY, BARTON A
2082 SIROCO LANE
MELBOURNE, FL 32934**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	BELLAMY, BARTON A
STREET ADDRESS	2082 SIROCO LANE
CITY-ST-ZIP	MELBOURNE, FL 32934
TITLE	V
NAME	HOLZMANN, DAMIAN
STREET ADDRESS	6425 21ST ST. SW
CITY-ST-ZIP	VERO BEACH, FL 32968
TITLE	T
NAME	LYMAN, ANGELITA
STREET ADDRESS	5589 CAJEPUT COURT
CITY-ST-ZIP	MELBOURNE, FL 32904
TITLE	D
NAME	JACKSON, JEFF
STREET ADDRESS	4000 DOW ROAD, #10
CITY-ST-ZIP	MELBOURNE, FL 32934
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UN0000271673
03/21/05-80057-005 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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: *Angelita E. Lyman* Angelita E. Lyman

March 18, 2005

321-725-8163

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #