

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90500 037 ****61.25

DOCUMENT # N01000000289

1. Entity Name
 CORPORATE PARK AT VIERA OWNERS ASSOCIATION, INC.



Principal Place of Business
 7331 OFFICE PARK PLACE
 SUITE 200
 VIERA, FL 32940

Mailing Address
 7331 OFFICE PARK PLACE
 SUITE 200
 VIERA, FL 32940

54039914



03222004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-3747507

Applied For
 Not Applicable

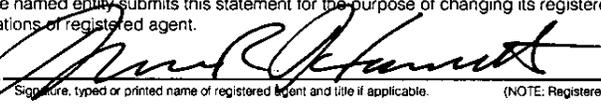
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAMILTON, NELSON R
 880 INVERNESS AVENUE
 MELBOURNE, FL 32940

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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:  DATE: 4-16-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

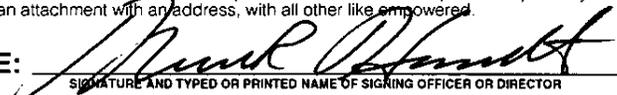
10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RENFRO, ROBERT M
STREET ADDRESS	624 DORAL LANE
CITY-ST-ZIP	MELBOURNE, FL 32940
TITLE	STD
NAME	HAMILTON, NELSON R
STREET ADDRESS	880 INVERNESS AVENUE
CITY-ST-ZIP	MELBOURNE, FL 32940
TITLE	PD
NAME	EJLER, ERNEST C
STREET ADDRESS	800 JUBILEE STREET
CITY-ST-ZIP	MELBOURNE, FL 32940
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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:  DATE: 4-16-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR