## **2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## FILED Mar 10, 2008 8:00 am Secretary of State 03-10-2008 90071 019 \*\*\*\*61.25



1. Entity Nam	MENT # N0300008 RATE PARK AT VIERA OFF SOCIATION, INC.		NDOMINIUM				12 O # 1		008 900	71 019 ***:	<sup>6</sup> 1.25
Principal Plac 7331 OFFICE SUITE 200 VIERA, FL 3	E PARK PLACE	7331 Suite	Address OFFICE PARK PLA 200 I, FL 32940	ACE	· .		40047			1 <b>88</b> (8) 18(6) 1 <b>887</b> ( 8)	DI ÆUGYAL ÆU GÆÐI
2. Principal P	Mace of Business - No P.O. Box #	3. Maili	ng Address								
Suite, Apt.	#, etc.	Sui	te, Apt. #, etc.	•			01312008	Chg-NP	С	R2E037 (12/0	6)
City & State		City	City & State				4. FEI Numb 81-063				Applied For Not Applicable
Zip	Country	Zip		Count	try		5. Certificate of Status Desired		ired [	□ \$8.75 Fee Req	Additional uired
	6. Name and Address of Current	Registere	d Agent				7. Name and	d Address of N	lew Regis	tered Agent	
RENERO	ROBERT M				Name			•			
	CE PARK PL )				Street A	ddress (I	P.O. Box Numb	per is Not Acce	ptable)		
VIERA, FE	. 32940				City					FL Zip C	Code
8. The above	named entity submits this statement for	or the num	nse of changing its	ranistarad	l office o	r register	ed agent or br	oth in the State	of Florida	· –	ith and accept
SIGNATURE .											
	Signature, typed or printed name of registered agent Filling Fee is \$61.25	and title if appli	9. Election Carr	npaign Fin	ancing		\$5.00 May	Ве		check payab	
	Filing Fee is \$61.25 Due by May 1, 2008			npaign Fin Contribution	ancing		\$5.00 May Added to Fees	S	Florida	check payab Department o	f State
10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIE		9. Election Cam Trust Fund C	npaign Fin Contribution	ancing		\$5.00 May Added to Fees	S	Florida	check payable Department o	f State
TITLE NAME	Filing Fee is \$61.25 Due by May 1, 2008  OFFICERS AND DIE PD RENFRO, ROBERT M	RECTORS	9. Election Carr	npaign Fin Contribution 11. TITLE NAME	ancing n.		\$5.00 May Added to Fees	S	Florida	check payab Department o	f State
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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 eath; 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.

SI	G	N	Δ.	TI	П	R	F٠
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #