

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N34607** (4)
1. Corporation Name
VIERA EAST COMMUNITY ASSOCIATION, INC.



Principal Place of Business Mailing Address
7380 MURRELL RD. STE 201 MELBOURNE FL 32940 **7380 MURRELL RD. STE 201 MELBOURNE FL 32940**

3. Date Incorporated or Qualified **10/04/1989** 3a. Date of Last Report **05/01/1995**
4. FEI Number **59-3012724** 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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
BLAKE, R. MASON
7380 MURRELL RD, STE 201
MELBOURNE FL 32940

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 officer 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Vice President/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUDA, JOSEPH A.	1.2 NAME	Jay Decator
STREET ADDRESS	7380 MURRELL RD #201	1.3 STREET ADDRESS	7380 Murrell Road Suite 201
CITY-ST-ZIP	VIERA FL	1.4 CITY-ST-ZIP	Viera, FL 32940
TITLE	DP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	President / Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	READER, PERRY J.	2.2 NAME	R. MASON BLAKE
STREET ADDRESS	7380 MURRELL RD #201	2.3 STREET ADDRESS	7380 Murrell Road, Suite 201
CITY-ST-ZIP	VIERA FL	2.4 CITY-ST-ZIP	Viera, FL 32940
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	Director / Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAKE, MASON R.	3.2 NAME	Paul Martell
STREET ADDRESS	7380 MURRELL ROAD, SUITE 201	3.3 STREET ADDRESS	7380 Murrell Road Suite 201
CITY-ST-ZIP	VIERA FL	3.4 CITY-ST-ZIP	Viera, FL 32940
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTELL, PAUL	4.2 NAME	
STREET ADDRESS	7380 MURRELL ROAD, SUITE 201	4.3 STREET ADDRESS	
CITY-ST-ZIP	VIERA FL	4.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENS, JANE S.	5.2 NAME	
STREET ADDRESS	7380 MURRELL ROAD, SUITE 201	5.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Steve Johnson
STREET ADDRESS		6.3 STREET ADDRESS	7380 Murrell Road, Suite 201
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Viera, FL 32940

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Scott Miller **SCOTT MILLER** 3/3/96 (407) 242-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)