

FILE NOW: FILING FEE IS \$61.25

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Mar 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N34607** (4)

1. Corporation Name
VIERA EAST COMMUNITY ASSOCIATION, INC.



Principal Place of Business 7380 MURRELL RD. STE 201 MELBOURNE FL 32940	Mailing Address 7380 MURRELL RD. STE 201 MELBOURNE FL 32940-7947
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3. Date Incorporated or Qualified 10/04/1989	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-3012724	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State VIERA, FL	City & State VIERA, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

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	
		B1 Name	
		B2 Street Address (P.O. Box Number is Not Acceptable)	
		B3	
		B4 City VIERA	B5 Zip Code FL

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 office 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 _____ (NOT: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAY DECATOR	1.2 NAME	
STREET ADDRESS	7380 MURRELL ROAD, SUITE 201	1.3 STREET ADDRESS	
CITY - ST - ZIP	VIERA FL	1.4 CITY - ST - ZIP	32940
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	R. MASON BLAKE	2.2 NAME	
STREET ADDRESS	7380 MURRELL ROAD, SUITE 201	2.3 STREET ADDRESS	
CITY - ST - ZIP	VIERA FL	2.4 CITY - ST - ZIP	32940
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAUL MARTELL	3.2 NAME	
STREET ADDRESS	7380 MURRELL ROAD, SUITE 201	3.3 STREET ADDRESS	
CITY - ST - ZIP	VIERA FL	3.4 CITY - ST - ZIP	32940
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" 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	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEVE JOHNSON	5.2 NAME	
STREET ADDRESS	7380 MURRELL ROAD, SUITE 201	5.3 STREET ADDRESS	
CITY - ST - ZIP	VIERA FL	5.4 CITY - ST - ZIP	32940
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 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: Jay G. Sauts III, V.P. **3/18/97** (407) 242-1200
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0019646

CR2E037 (9/96)