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FILED
May 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 VIERA FL 32940 US	Mailing Address 7380 MURRELL RD. STE 201 VIERA FL 32940 US
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3. Date Incorporated or Qualified 10/04/1989	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
4. FEI Number 59-3012724	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country 29
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9. Name and Address of Current Registered Agent

~~BLAKE, R. MASON~~
**7380 MURRELL RD, STE 201
 VIERA FL 32940**

10. Name and Address of New Registered Agent

81 Name **JAY A. DECATOR, III**
 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 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 *Jay A. Decator III* **JAY A. DECATOR, III DIRECTOR** **2-10-98**

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	JAY DECATOR	
STREET ADDRESS	7380 MURRELL ROAD, SUITE 201	
CITY-ST-ZIP	VIERA FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	R. MASON BLAKE	
STREET ADDRESS	7380 MURRELL ROAD, SUITE 201	
CITY-ST-ZIP	VIERA FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	PAUL MARTELL	
STREET ADDRESS	7380 MURRELL ROAD, SUITE 201	
CITY-ST-ZIP	VIERA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STEVE JOHNSON	
STREET ADDRESS	7380 MURRELL ROAD, SUITE 201	
CITY-ST-ZIP	VIERA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	P/D	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	32940	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP	3 2 9 4 0	
4.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MICHAEL DICK	
4.3 STREET ADDRESS	7380 MURRELL RD, Suite 201	
4.4 CITY-ST-ZIP	VIERA, FL 32940	
5.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JOAN CROW	
5.3 STREET ADDRESS	7380 MURRELL RD, Suite 201	
5.4 CITY-ST-ZIP	VIERA, FL 32940	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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 unchanged, or on an attachment with an address.

SIGNATURE: *Jay A. Decator III* **JAY A. DECATOR, III** **2-10-98** **(407) 242-1200**

CR2E037 (10/97)