

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90304 034 ****61.25

DOCUMENT # N34607

1. Entity 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

50043600



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04122005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3012724

Applied For
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HANLEY, RAPHAEL F ESQ.
7380 MURRELL RD, STE 201
VIERA, FL 32940

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____
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, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
PD
 NAME **DECATOR, III, JAY A**
 STREET ADDRESS **7380 MURRELL ROAD, SUITE 201**
 CITY-ST-ZIP **VIERA, FL 32940**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
DT
 NAME **MARTELL, PAUL**
 STREET ADDRESS **7380 MURRELL ROAD, SUITE 201**
 CITY-ST-ZIP **VIERA, FL 32940**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
VD
 NAME **JOHN, JUDITH**
 STREET ADDRESS **7380 MURRELL RD, SUITE 201**
 CITY-ST-ZIP **VIERA, FL 32940**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
S
 NAME **DILLON, THOMAS**
 STREET ADDRESS **7380 MURRELL ROAD, SUITE 201**
 CITY-ST-ZIP **VIERA, FL 32940**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: Paul Martell
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-05 321-242-1200
 Date Daytime Phone #