
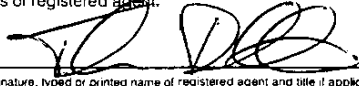
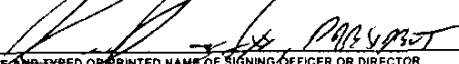


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90065 050 ****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		
1331 Bedford Dr. 2. Principal Place of Business - No P.O. Box # Suite 103			1331 Bedford Dr. 3. Mailing Address Suite 103		
Suite, Apt. #, etc. Melbourne, FL			Suite, Apt. #, etc. Melbourne, FL		
City & State Melbourne, FL			City & State Melbourne, FL		
Zip 32940		Country USA		Zip 32940	
Country USA		4. FEI Number 59-3012724			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HANLEY, RAPHAEL F ESQ. 7380 MURRELL RD, STE 201 VIERA, FL 32940			7. Name and Address of New Registered Agent Name Thomas Dillon Street Address (P.O. Box Number is Not Acceptable) 1331 Bedford Dr Suite 103 City Melbourne FL 32940		
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 1/8/08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD DECATOR, III, JAY A 7380 MURRELL ROAD, SUITE 201 VIERA, FL 32940	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Godfrey, Randall 2148 Auburn Lakes Dr. Viera, FL 32955	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MARTELL, PAUL 7380 MURRELL ROAD, SUITE 201 VIERA, FL 32940	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Donald Kramer 8085 Spyglass Hill Rd Viera, FL 32940	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOHN, JUDITH 7380 MURRELL RD, SUITE 201 VIERA, FL 32940	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Timothy Bianchi 1127 Auburn Lakes Dr. Viera, FL 32955	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DILLON, THOMAS 7380 MURRELL ROAD, SUITE 201 VIERA, FL 32940	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Russell Bank 5111 Somerville Dr. Viera, FL 32955	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NINESLING, JENNIFER 7380 MURRELL ROAD, SUITE 201 MELBOURNE, FL 32940	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Angelio Chappotin 2091 Tiburon Lane Viera, FL 32940	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DALE, ROBERT S 7380 MURRELL ROAD, SUITE 201 VIERA, FL 32940	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 the 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: 			Date 1/10/08 Daytime Phone # 321-633-7591		