

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H08400

Entity Name: VIERA REALTY, INC.**Current Principal Place of Business:**7380 MURRELL ROAD
SUITE 104
VIERA, FL 32940**Current Mailing Address:**P.O. BOX 620257
OVIEDO, FL 32762-0257 US**FEI Number:** 59-2426773**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DECATOR, III, JAY A
7380 MURRELL ROAD
SUITE 201
VIERA, FL 32940 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	MILLER, JR., CHRISTOPHER S
Address	7380 MURRELL ROAD, SUITE 201
City-State-Zip:	VIERA FL 32940

Title	DVPT
Name	ENGWALL, MARK E
Address	1200 DUDA TRAIL
City-State-Zip:	OVIEDO FL 32765

Title	DVP
Name	CHAPMAN, TRACY D
Address	1200 DUDA TRAIL
City-State-Zip:	OVIEDO FL 32765

Title	AT
Name	MITCHELL, AMY
Address	1200 DUDA TRAIL
City-State-Zip:	OVIEDO FL 32765

Title	DVP
Name	WEEKS, JR., PALMER B
Address	1200 DUDA TRAIL
City-State-Zip:	OVIEDO FL 32765

Title	VP
Name	DUDA, DAVID J.
Address	1200 DUDA TRAIL
City-State-Zip:	OVIEDO FL 32765

Title	VPS
Name	DECATOR, JAY A III
Address	7380 MURRELL ROAD SUITE 201
City-State-Zip:	VIERA FL 32940

Title	AS
Name	GAINEY, ANN M
Address	1200 DUDA TRAIL
City-State-Zip:	OVIEDO FL 32765

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TRACY DUDA CHAPMAN

VP

04/28/2021

Electronic Signature of Signing Officer/Director Detail_____
Date