2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2009
Secretary of State

DOCUMENT# N00000007186

Entity Name: VIERA EAST VILLAGES DISTRICT ASSOCIATION, INC.

Current Principal Place of Business:

1331 BEDFORD DR
SUITE 103
MELBOURNE, FL 32940

New Principal Place of Business:

Current Mailing Address:

1331 BEDFORD DR
SUITE 103
MELBOURNE, FL 32940

New Mailing Address:

FEI Number: 59-3682666 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DILLON, THOMAS
1331 BEDFORD DR STE 103
VIERA, FL 32940 US

Name and Address of New Registered Agent:

FAIRWAY MANAGEMENT
1331 BEDFORD DR STE 103
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: THOMAS DILLON 04/11/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: YANKO, RON
Address: 5026 BENNINGTON PL
City-St-Zip: VIERA, FL 32955

Title: SD ( ) Delete
Name: BANKS, RUSSELL
Address: 5111 SOMERVILLE DR
City-St-Zip: VIERA, FL 32955

Title: VPD ( ) Delete
Name: MOTT, TERRY
Address: 4899 WEXFORD
City-St-Zip: VIERA, FL 32955

Title: D ( ) Delete
Name: HOWARD, CHERYL
Address: 5028 WEXFORD DR
City-St-Zip: VIERA, FL 32940

Title: DT (X) Delete
Name: MACHERAS, JAMES W
Address: 5037 BENNINGTON PL
City-St-Zip: VIENA, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change ( ) Addition
Name: HOWARD, CHERYL
Address: 5028 WEXFORD DR
City-St-Zip: VIERA, FL 32955

Title: TD (X) Change ( ) Addition
Name: MACHERAS, JAMES W
Address: 5037 BENNINGTON PL
City-St-Zip: VIERA, FL 32955

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RON YANKO PD 04/11/2009
Electronic Signature of Signing Officer or Director Date