2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0100000289

FILED Mar 03, 2009 Secretary of State

Entity Name: CORPORATE PARK AT VIERA OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

7331 OFFICE PARK PLACE 7777 N. WICKHAM ROAD 12-317

SUITE 200 MELBOURNE, FL 32940 VIERA, FL 32940

Current Mailing Address: New Mailing Address:

7331 OFFICE PARK PLACE 7777 N. WICKHAM ROAD 12-317

SUITE 200 MELBOURNE, FL 32940 VIERA, FL 32940

FEI Number: 59-3747507 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HAMILTON, NELSON R 880 INVERNESS AVENUE BROOKS, BERNIE R 7777 N. WICKHAM ROAD 12-317

880 INVERNESS AVENUE 7777 N. WICKHAM ROAD 12-317 MELBOURNE, FL 32940 US MELBOURNE, 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: BERNIE BROOKS 03/03/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: () Change () Addition

 Name:
 RENFRO, ROBERT M
 Name:

 Address:
 624 DORAL LANE
 Address:

 City-St-Zip:
 MELBOURNE, FL 32940
 City-St-Zip:

Title: VD () Delete Title: VD (X) Change () Addition Name: BECK, KATHLEEN T Name: TINSLEY, ROBERT T

 Address:
 7351 OFFICE PARK PL.
 Address:
 7341 OFFICE PARK PL.

 City-St-Zip:
 VIERA, FL 32940
 City-St-Zip:
 VIERA, FL 32940

 $\label{eq:title:std} \textit{Title:} \qquad \textit{STD} \qquad \textit{()} \; \textit{Delete} \qquad \qquad \textit{Title:} \qquad \textit{STD} \qquad \textit{(X)} \; \textit{Change ()} \; \textit{Addition}$

Name: BROOKS, BERNU Name: BROOKS, BERNIE

 Address:
 7331 OFFICE PK. PL. #200
 Address:
 7777 N. WICKHAM ROAD 12-317

 City-St-Zip:
 VIERA, FL 32940
 City-St-Zip:
 MELBOURNE, FL 32940

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: BERNIE BROOKS PM 03/03/2009