


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

CPII **FILED**
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # N02000005537 1. Entity Name CORPORATE PARK AT VIERA OFFICE CONDOMINIUM NO. 2 ASSOCIATION, INC.	
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Principal Place of Business
7331 OFFICE PARK PLACE
SUITE 200
VIERA, FL 32940

Mailing Address
7331 OFFICE PARK PLACE
SUITE 200
VIERA, FL 32940



01232007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
68-0518626

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MOOR, TOM
14-D MARINA ISLES BLVD
SATELLITE BEACH, FL 32937

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOOR, TOM 14-D MARINA ISLES BLVD SATELLITE BEACH, FL 32937
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILKINSON, MYLES 7332 OFFICE PARK PLACE MELBOURNE, FL 32940
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PRYZLAK, CLAUDIA 7332 OFFICE PARK PL MELBOURNE, FL 32940
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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02/06/07-80074-024 61.25

**DO NOT WRITE
IN THIS SPACE**

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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____