

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N02000005537

1. Entity Name
**CORPORATE PARK AT VIERA OFFICE CONDOMINIUM
NO. 2 ASSOCIATION, INC.**



Principal Place of Business
**7331 OFFICE PARK PLACE
SUITE 200
VIERA, FL 32940**

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



01312008 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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MOOR, TOM
STREET ADDRESS 14-D MARINA ISLES BLVD
CITY-ST-ZIP SATELLITE BEACH, FL 32937

TITLE VD
NAME WILKINSON, MYLES
STREET ADDRESS 7332 OFFICE PARK PLACE
CITY-ST-ZIP MELBOURNE, FL 32940

TITLE STD
NAME PRYZLAK, CLAUDIA
STREET ADDRESS 7332 OFFICE PARK PL
CITY-ST-ZIP MELBOURNE, FL 32940

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000838795
03/05/08-80044-024 61.25

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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: *Thaddeus A. Moor*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**HERE
SIGN**