

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000008339

1. Entity Name
**VIERA TRANSPORTATION MANAGEMENT
ASSOCIATION, INC.**



Principal Place of Business

**7380 MURRELL ROAD
SUITE 201
VIERA, FL 32940**

Mailing Address

**7380 MURRELL ROAD
SUITE 201
VIERA, FL 32940**



04192006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3769259

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DECATOR, JAY A III
7380 MURRELL ROAD
SUITE 201
VIERA, FL 32940**

**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 \$81.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DECATOR, JAY A III
STREET ADDRESS 7380 MURRELL ROAD, SUITE 201
CITY-ST-ZIP VIERA, FL 32940

TITLE VSD
NAME JOHN, JUDITH C
STREET ADDRESS 7380 MURRELL ROAD, SUITE 201
CITY-ST-ZIP VIERA, FL 32940

TITLE TD
NAME MARTELL, PAUL J
STREET ADDRESS 7380 MURRELL ROAD, SUITE 201
CITY-ST-ZIP VIERA, FL 32940

TITLE D
NAME MCKIBBEN, MARY ELLEN
STREET ADDRESS 7380 MURRELL ROAD, SUITE 201
CITY-ST-ZIP VIERA, FL 32940

TITLE D
NAME MILLER, C. SCOTT
STREET ADDRESS 7380 MURRELL ROAD, SUITE 201
CITY-ST-ZIP VIERA, FL 32940

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000532601
05/06/06-80088-018 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:

Paul Martell **Paul Martell**

4-19-06 321-242-1200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #