

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90090 049 \*\*\*\*61.25

**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**

**DO NOT WRITE IN THIS SPACE**



03302007 No Chg-NP

CR2E037 (4/06)

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 \$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 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

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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

4-11-07

321-242-1200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #