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

DO NOT WRITE IN THIS SPACE

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

FILED Apr 23, 2008 08:00 AN Secretary of State



04212008 No Chg-NP

CR2E037 (4/06)

5. Certificate of Status Desired	 \$8.7	_	Additional
59-3769259	ŀ		Not Applicable
J. FEI Number	- 1		l Applied For

4.21.08

321.242.1200

Daytime Phone #

Fee Required

6. Name and Address of Current Registered Agent

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

SIGNATURE:

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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			000000915533 05/09/08-80019-003 61.25				
10.	OFFICERS AND DIRE	CTORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DECATOR, JAY A III 7380 MURRELL ROAD, SUITE 201 VIERA, FL 32940								
NAME SIREET ADDRESS CITY-ST-ZIP	VSD JOHN, JUDITH C 7380 MURRELL ROAD, SUITE 201 VIERA, FL 32940								
NAME STREET ADDRESS CITY-ST-ZIP	TD MARTELL, PAUL J 7380 MURRELL ROAD, SUITE 201 VIERA, FL 32940		DO NOT WRITE						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKIBBEN, MARY ELLEN 7380 MURRELL ROAD, SUITE 201 VIERA, FL 32940			IN	THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, C. SCOTT 7380 MURRELL ROAD, SUITE 201 VIERA, FL 32940								
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
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.									

Paul J. Martell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR