

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008339

FILED
Apr 26, 2009
Secretary of State

Entity Name: VIERA TRANSPORTATION MANAGEMENT ASSOCIATION, INC.

Current Principal Place of Business:

7380 MURRELL ROAD
SUITE 201
VIERA, FL 32940

New Principal Place of Business:

Current Mailing Address:

7380 MURRELL ROAD
SUITE 201
VIERA, FL 32940

New Mailing Address:

FEI Number: 59-3769259

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DECATOR, JAY A III
Address: 7380 MURRELL ROAD, SUITE 201
City-St-Zip: VIERA, FL 32940

Title: VSD () Delete
Name: JOHN, JUDITH C
Address: 7380 MURRELL ROAD, SUITE 201
City-St-Zip: VIERA, FL 32940

Title: TD () Delete
Name: MARTELL, PAUL J
Address: 7380 MURRELL ROAD, SUITE 201
City-St-Zip: VIERA, FL 32940

Title: D () Delete
Name: MCKIBBEN, MARY ELLEN
Address: 7380 MURRELL ROAD, SUITE 201
City-St-Zip: VIERA, FL 32940

Title: D () Delete
Name: MILLER, C. SCOTT
Address: 7380 MURRELL ROAD, SUITE 201
City-St-Zip: VIERA, FL 32940

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ATD () Change (X) Addition
Name: BIANCHI, TIMOTHY M
Address: 7380 MURRELL ROAD, SUITE 201
City-St-Zip: VIERA, FL 32940

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL MARTELL

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04/26/2009

Electronic Signature of Signing Officer or Director

Date