


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90262 006 ****61.25

DOCUMENT # N03000005424													
1. Entity Name VIERA BOULEVARD COMMERCE PARK OWNERS ASSOCIATION, INC.													
Principal Place of Business 1120 PALMETTO AVENUE MELBOURNE, FL 32901			Mailing Address 1120 PALMETTO AVENUE MELBOURNE, FL 32901										
2. Principal Place of Business 13490 OLD LIVINGSTON RD Suite, Apt. #, etc.		3. Mailing Address 13490 OLD LIVINGSTON RD Suite, Apt. #, etc.											
City & State NAPLES FL		City & State NAPLES FL		4. FEI Number 16-1673494									
Zip 34109		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required									
6. Name and Address of Current Registered Agent STIVERS, JACIE 1120 PALMETTO AVENUE MELBOURNE, FL 32901													
7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;">Name DAN CARTER</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td colspan="2" style="padding: 5px;">13490 OLD LIVINGSTON RD</td> </tr> <tr> <td style="padding: 5px;">City NAPLES</td> <td style="padding: 5px;">Zip Code FL 34109</td> </tr> </table>						Name DAN CARTER		Street Address (P.O. Box Number is Not Acceptable)		13490 OLD LIVINGSTON RD		City NAPLES	Zip Code FL 34109
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Street Address (P.O. Box Number is Not Acceptable)													
13490 OLD LIVINGSTON RD													
City NAPLES	Zip Code FL 34109												
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>													
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to: Florida Department of State									
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10										
TITLE PD NAME SMITH, RON STREET ADDRESS 1120 PALMETTO AVENUE CITY-ST-ZIP MELBOURNE, FL 32901	<input checked="" type="checkbox"/> Delete		TITLE PD NAME DAN CARTER STREET ADDRESS 13490 OLD LIVINGSTON RD. CITY-ST-ZIP NAPLES FL 34109	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition									
TITLE VD NAME STIVERS, JACIE STREET ADDRESS 1120 PALMETTO AVENUE CITY-ST-ZIP MELBOURNE, FL 32901	<input checked="" type="checkbox"/> Delete		TITLE VD NAME TERRI CARTER STREET ADDRESS 13490 OLD LIVINGSTON RD CITY-ST-ZIP NAPLES FL 34109	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition									
TITLE SD NAME SELIG, MIKE STREET ADDRESS 1120 PALMETTO AVENUE CITY-ST-ZIP MELBOURNE, FL 32901	<input checked="" type="checkbox"/> Delete		TITLE SD NAME BLAINE BARTON STREET ADDRESS 13490 OLD LIVINGSTON RD CITY-ST-ZIP NAPLES FL 34109	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition									
TITLE TD NAME STIVERS, JAMES STREET ADDRESS 1120 PALMETTO AVENUE CITY-ST-ZIP MELBOURNE, FL 32901	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 another like empowered.													
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DAN CARTER 4-19-5 239 514-4484 <small>Date Daytime Phone #</small>										