

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 DEC 22 AM 8:19

DOCUMENT # N05000011919 1. Entity Name THE CENTER AT MURRELL & VIERA OWNERS ASSOCIATION, INC.					
Principal Place of Business 931 STRATFORD PLACE MELBOURNE, FL 32940			Mailing Address 1600 SARNO RD SUITE 113 MELBOURNE, FL 32935		
2. Principal Place of Business - No P.O. Box # 5455, 5445 Murrell RD		3. Mailing Address 2425 Pineapple Ave #108			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Viera, FL		City & State Melbourne FL		4. FEI Number 20-3862569	
Zip 32940		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RICHARDSON, BARRY F 931 STRATFORD PLACE MELBOURNE, FL 32940		7. Name and Address of New Registered Agent Name JM REAL ESTATE INC. Street Address (P.O. Box Number is Not Acceptable) 2425 PINEAPPLE AVE #108 City Melbourne FL Zip Code 32935			
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.</small>		Michael C McDonald		12/19/08 <small>DATE</small>	
FILE NOW!!! FEE IS \$61.25 After January 1, 2009, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST RICHARDSON, BARRY F 931 STRATFORD PLACE MELBOURNE, FL 32940	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	300139210743 12/22/08--01065--003 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KENDURST, RICK A 7630 N WICKHAM RD SUITE 102 MELBOURNE, FL 32940	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KENDURST, RICK A. 3247 CAPPID DR. MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HALEY, JOHN D PO BOX 410558 MELBOURNE, FL 32941	<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
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 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:		12/18/08 <small>Date</small>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

12/23