2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2009
Secretary of State

DOCUMENT# N05000011919

Entity Name: THE CENTER AT MURRELL & VIERA OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5455,5445 MURRELL RD
VIERA, FL 32940

New Principal Place of Business:

Current Mailing Address:

2425 PINEAPPLE AVE
#108
MELBOURNE, FL 32935

New Mailing Address:

FEI Number: 20-3862569 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

J M REAL ESTATE, INC.
2425 PINEAPPLE AVE
#108
MELBOURNE, FL 32935 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: DST ( ) Delete
Name: RICHARDSON, BARRY F
Address: 931 STRATFORD PLACE
City-St-Zip: MELBOURNE, FL 32940

Title: DP ( ) Delete
Name: KENDURST, RICK A
Address: 7630 N WICKHAM RD SUITE 102
City-St-Zip: MELBOURNE, FL 32940

Title: DV ( ) Delete
Name: HALEY, JOHN D
Address: PO BOX 410558
City-St-Zip: MELBOURNE, FL 32941

Title: DP ( ) Delete
Name: KENDUST, RICK A
Address: 3427 CAPPIO DR.
City-St-Zip: MELBOURNE, FL 32940

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:

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: MICHAEL MCDONALD RA 03/03/2009

Electronic Signature of Signing Officer or Director — Date