2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34607 Secretary of State 1. Entity Name 02-11-2002 90050 031 ****61.25 VIERA EAST COMMUNITY ASSOCIATION, INC. Principal Place of Business Mailing Address 7380 MURRELL RD. STE 201 7380 MURRELL RD. STE 201 VIERA FL 32940 VIERA FL 32940 ЦS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 59-3012724 Not Applicable Zip Country Country \$8,75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) -- ~ DECATOR, JAY A III 7380 MURRELL RD, STE 201 VIERA FL 32940 Zip Code 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. SIGNATURE Stonature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 \Box Trust Fund Contribution. Added to Fees **Department of State** فشي 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD (9/01)TITI F ☐ Delete TITLE ☐ Change ☐ Addition DECATOR, III, JAY A NAME NAME 7380 MURRELL ROAD, SUITE 201 STREET ADDRESS STREET ADDRESS CR2E037 CITY-ST-ZIP VIERA FL 32940 CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE MARTELL, PAUL NAME NAME 7380 MURRELL ROAD, SUITE 201 STREET ADDRESS STREET ADDRESS VIERA FL 32940 CITY-ST-ZIP CITY-ST-ZIP Delete **X**Addition TITLE TITLE Change MILLER, SCOTT Murrell Rd, Suite 201 NAME NAME 7380 MURRELL RD, SUITE 201 STREET ADDRESS STREET ADDRESS VIERA FL 32940 CITY-ST-ZIP CITY-ST-ZIP VIERA FI. 32940 TITLE Delete TITLE ☐ Change ☐ Addition DILLON, THOMAS NAME NAME 7380 MURRELL ROAD, SUITE 201 STREET ADDRESS STREET ADDRESS VIERA FL 32940 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:

FOR MOTTER REPORTED TO

1.20.02

321-242-1200

FILED

Feb 11, 2002 8:00 am §