

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004149

FILED  
Jan 09, 2009  
Secretary of State

**Entity Name:** VIERA EAST GOLF COURSE DISTRICT ASSOCIATION, INC.

**Current Principal Place of Business:**

1964 GOLF VISTA BLVD  
ROCKLEDGE, FL 32955 US

**New Principal Place of Business:**

**Current Mailing Address:**

1964 GOLF VISTA BLVD  
ROCKLEDGE, FL 32955 US

**New Mailing Address:**

1964 GOLF VISTA BLVD  
ROCKLEDGE, FL 32955 US

**FEI Number:** 59-3207188

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PLATINUM COAST MGMT., PROPERTY, INC  
2625 N HARBOR CITY BLVD STE 2  
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: PD ( ) Delete  
Name: SEIDEL, JAMES  
Address: 4898 WORTHINGTON CIR  
City-St-Zip: ROCKLEDGE, FL 32955

Title: D ( ) Delete  
Name: WHITMAN, ELIZABETH  
Address: 1964 GOLF VISTA BLVD  
City-St-Zip: ROCKLEDGE, FL 32955

Title: VP ( ) Delete  
Name: SURG, JIM  
Address: 4330 COLLINS ST DR  
City-St-Zip: ROCKLEDGE, FL 32955

Title: SD ( ) Delete  
Name: BUTLER, TONDALEYA  
Address: 1964 GOLF VISTA BLVD  
City-St-Zip: ROCKLEDGE, FL 32955

Title: TD (X) Delete  
Name: MANGUM, LARRY  
Address: 4101 ABERDEN CIR  
City-St-Zip: ROCKLEDGE, FL 32955

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: SORG, JAMES  
Address: 4330 COLLINGTREE DRIVE  
City-St-Zip: ROCKLEDGE, FL 32955

Title: VD (X) Change ( ) Addition  
Name: WHITMAN, ELIZABETH  
Address: 4181 ABERDEEN CIRCLE  
City-St-Zip: ROCKLEDGE, FL 32955

Title: TD (X) Change ( ) Addition  
Name: MANGUM, LARRY  
Address: 4101 ABERDEEN CIRCLE  
City-St-Zip: ROCKLEDGE, FL 32955

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: JOHN GATES, AGENT

AGENT

01/09/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date