

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90552 038 ****61.25

DOCUMENT # N99000007291

1. Entity Name
**VIERA EAST VILLAGE CENTER COMMERCIAL DISTRICT
ASSOCIATION, INC.**



Principal Place of Business

7380 MURRELL ROAD STE 201
VIERA, FL 32940

Mailing Address

7380 MURRELL ROAD STE 201
VIERA, FL 32940



04132004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3636775

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DECATOR, JAY A III
7380 MURRELL ROAD STE 201
VIERA, FL 32940

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
DECATOR, JAY A III
7380 MURRELL ROAD STE 201
VIERA, FL 32940

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
MARTELL, PAUL
7380 MURRELL ROAD STE 201
VIERA, FL 32940

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SDV
MILLER, C. SCOTT
7380 MURRELL ROAD STE 201
VIERA, FL 32940

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

Jay A. Decator, III, President

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

4/13/04

(321) 242-1200

Date

Daytime Phone #