| Electronic Signature of Registered Agent |
|--|

| Current Mailing Address:   |  |  |
|----------------------------|--|--|
| 7380 MURRELL RD., STE. 201 |  |  |

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: VIERA TOWN CENTER MERCHANTS ASSOCIATION, INC.

VIERA, FL 32940 US

DOCUMENT# N17000001916

7380 MURRELL RD., STE. 201

VIERA, FL 32940

**Current Principal Place of Business:** 

## FEI Number: 82-1286945

## Name and Address of Current Registered Agent:

DECATOR, JAY A III 7380 MURRELL RD., STE. 201 VIERA, FL 32940 US

SIGNATURE:

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.

**Officer/Director Detail :** 

| Title           | PRESIDENT, DIRECTOR        | Title           | VP, SECRETARY, DIRECTOR    |
|-----------------|----------------------------|-----------------|----------------------------|
| Name            | REY, EVA M                 | Name            | WILSON, BEJAMIN E          |
| Address         | 7380 MURRELL RD., STE. 201 | Address         | 7380 MURRELL RD., STE. 201 |
| City-State-Zip: | VIERA FL 32940             | City-State-Zip: | VIERA FL 32940             |
| Title           | TREASURER, DIRECTOR        |                 |                            |
| Name            | ,                          |                 |                            |
| Name            | O'KEEFE, SHAWN J           |                 |                            |
| Address         | 7380 MURRELL RD., STE. 201 |                 |                            |
| City-State-Zip: | VIERA FL 32940             |                 |                            |

I hereby 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 all other like empowered.

## SIGNATURE: SHAWN O'KEEFE

TREASURER

Date

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No