

**2023 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P05000097190

**Entity Name:** VIERA BUILDERS, INC.**Current Principal Place of Business:**7380 MURRELL ROAD  
SUITE 202  
VIERA, FL 32940**Current Mailing Address:**P.O. BOX 620257  
OVIEDO, FL 32762-0257 US**FEI Number:** 20-3123670**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DECATOR III, JAY A  
7380 MURRELL ROAD  
SUITE 201  
VIERA, FL 32940 US*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

**Officer/Director Detail :**

Title DVPT  
Name WEEKS, JR., PALMER B  
Address 1200 DUDA TRAIL  
City-State-Zip: OVIEDO FL 32765

Title AT  
Name MITCHELL, AMY  
Address 1200 DUDA TRAIL  
City-State-Zip: OVIEDO FL 32765

Title DVP  
Name CHAPMAN, TRACY D  
Address 1200 DUDA TRAIL  
City-State-Zip: OVIEDO FL 32765

Title PRESIDENT, COO  
Name POKRYWA, TODD  
Address 7380 MURRELL ROAD  
SUITE 202  
City-State-Zip: VIERA FL 32940

Title VP/AT  
Name MARTELL, PAUL J JR.  
Address 7380 MURRELL ROAD  
SUITE 201  
City-State-Zip: VIERA FL 32940

Title EVP- VIERA HOMEBUILDING  
Name CROWE, NICK  
Address 7380 MURRELL ROAD  
SUITE 202  
City-State-Zip: VIERA FL 32940

Title S  
Name DECATOR, JAY A III  
Address 7380 MURRELL ROAD  
SUITE 201  
City-State-Zip: VIERA FL 32940

Title AS  
Name GAINNEY, ANN M  
Address 1200 DUDA TRAIL  
City-State-Zip: OVIEDO FL 32765

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*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** TRACY DUDA CHAPMAN

VP

03/29/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           SVP, SALES & MARKETING  
Name           MEAD, MARY  
Address        7380 MURRELL ROAD  
                  SUITE 202  
City-State-Zip: VIERA FL 32940

Title           DIRECTOR  
Name           DUDA, SAMUEL D  
Address        1200 DUDA TRAIL  
City-State-Zip: OVIEDO FL 32765

Title           VP PURCHASING  
Name           CORBETT, JON J  
Address        7380 MURRELL ROAD  
                  SUITE 202  
City-State-Zip: VIERA FL 32940