

**2018 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 DVP  
Name WEEKS, JR., PALMER B  
Address 1200 DUDA TRAIL  
City-State-Zip: OVIEDO FL 32765

Title VP  
Name DUDA, DAVID J  
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 DVPT  
Name ENGWALL, MARK E  
Address 1200 DUDA TRAIL  
City-State-Zip: OVIEDO FL 32765

Title PRESIDENT, COO  
Name MOORE, WILLIAM M  
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 VP CONSTRUCTION  
Name CROWE, NICK  
Address 7380 MURRELL ROAD  
SUITE 202  
City-State-Zip: VIERA FL 32940

**Continues on page 2**

*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

09/06/2018

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title VP OPERATIONS  
Name LEWIS, TREVOR  
Address 7380 MURRELL ROAD  
SUITE 202  
City-State-Zip: VIERA FL 32940

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