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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 740223 (3)
1. Corporation Name
VIKINGS LANDING PROPERTY OWNERS' ASSOCIATION, INC

Principal Place of Business Mailing Address
2600 SW VIKINGS DR PT ST LUCIE FL 34984 2600 SW VIKINGS DR PT ST LUCIE FL 34984

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/23/1977 3a. Date of Last Report 04/26/1994

4. FEI Number 59-1829342 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip Country 29 Zip Country

9. Name and Address of Current Registered Agent
MCFREDERICK, PAM
2626 SE ERICKSON DRIVE
PORT ST LUCIE FL 34984

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	DS
NAME	BROWN, FLOYD
STREET ADDRESS	661 S.W NORSEMAN DR.
CITY-ST-ZIP	PT ST LUCIE, FL 00000
TITLE	DP
NAME	MCFREDERICK, PAM
STREET ADDRESS	2626 ERICKSON DRIVE
CITY-ST-ZIP	PT ST LUCIE, FL 00000
TITLE	DT
NAME	CROSBY, JACK
STREET ADDRESS	2650 SE ERICKSON DRIVE
CITY-ST-ZIP	PORT ST. LUCIE FL
TITLE	DS
NAME	THIBAUT, GWEN
STREET ADDRESS	671 S.E. HORSEMAN DRICE
CITY-ST-ZIP	PT. ST. LUCIE FL
TITLE	DV
NAME	JONES, DAVE
STREET ADDRESS	2666 ERICKSON DRIVE
CITY-ST-ZIP	PT ST LUCIE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DS <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BROWN, FLOYD
1.3 STREET ADDRESS	661 SW NORSEMAN DRIVE
1.4 CITY-ST-ZIP	PT ST LUCIE, FL
2.1 TITLE	DP <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MCFREDERICK, PAM
2.3 STREET ADDRESS	2626 ERICKSON DR
2.4 CITY-ST-ZIP	PORT ST LUCIE, FL
3.1 TITLE	DT <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CROSBY, JACK
3.3 STREET ADDRESS	2650 SE ERICKSON DR
3.4 CITY-ST-ZIP	PORT ST LUCIE, FL
4.1 TITLE	DS <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	THIBAUT, GWEN
4.3 STREET ADDRESS	671 SE HORSEMAN DRIVE
4.4 CITY-ST-ZIP	PORT ST LUCIE, FL
5.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	BREAULT, LAWRENCE
5.3 STREET ADDRESS	2674 SE ERICKSON DR
5.4 CITY-ST-ZIP	PORT ST LUCIE, FL
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Date _____ Daytime Phone # _____