

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

3. Date Incorporated or Qualified: **09/23/1977**
3a. Date of Last Report: **03/21/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-1829342	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
	Zip	28	Zip			
23	Country	29	Country	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	30	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MCFREDERICK, PAM 2626 SE ERICKSON DRIVE PORT ST LUCIE FL 34984				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DS	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, FLOYD		1.2 NAME	BREAULT, LAWRENCE	
STREET ADDRESS	661 S.W NORSEMAN DR.		1.3 STREET ADDRESS	2674 SE ERICKSON DR.	
CITY-ST-ZIP	PT ST LUCIE FL		1.4 CITY-ST-ZIP	PORT ST. LUCIE, FL. 34984	
TITLE	DP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCFREDERICK, PAM		2.2 NAME	THIBAUT, GWEN	
STREET ADDRESS	2626 ERICKSON DRIVE		2.3 STREET ADDRESS	671 SE HOREMAN DR.	
CITY-ST-ZIP	PT ST LUCIE, FL 00000		2.4 CITY-ST-ZIP	PORT ST. LUCIE, FL. 34984	
TITLE	DT	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CROSBY, JACK		3.2 NAME	BROWN, FLOYD	
STREET ADDRESS	2650 SE ERICKSON DRIVE		3.3 STREET ADDRESS	661 SW NORSEMAN DR.	
CITY-ST-ZIP	PORT ST. LUCIE FL		3.4 CITY-ST-ZIP	PORT ST. LUCIE, FL. 34984	
TITLE	DS	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THIBAUT, GWEN		4.2 NAME	CROSBY, JACK	
STREET ADDRESS	671 S.E. HORSEMAN DRICE		4.3 STREET ADDRESS	2650 SE ERICKSON DR.	
CITY-ST-ZIP	PT. ST. LUCIE FL		4.4 CITY-ST-ZIP	PORT ST. LUCIE, FL. 34984	
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BREAULT, LAWRENCE		5.2 NAME	SICKLER, JOHN	
STREET ADDRESS	2674 SE ERICKSON DR		5.3 STREET ADDRESS	641 SE NORSEMAN DR.	
CITY-ST-ZIP	PT ST LUCIE FL		5.4 CITY-ST-ZIP	PORT ST. LUCIE, FL. 34984	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Lawrence J. Breault* Date: **4/4/96** Daytime Phone #: **407-871-1100**

CR2E037 (12/95)