


FILE NOW: FILING FEE IS \$61.25

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Mar 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 34984-5230

3. Date Incorporated or Qualified: 09/23/1977
3a. Date of Last Report: 04/17/1996
4. FEI Number: 59-1829342
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for Suite, Apt. #, City & State, Zip, and 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: B1 Name: LAWRENCE BREAUT, B2 Street Address: 2674 SE ERICKSON DR, B4 City: PORT ST LUCIE, FL, B5 Zip Code: 34984

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: [Signature] (NOTE: Registered Agent signature required when reinstating) DATE:

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | P <input type="checkbox"/> DELETE | 1.1 TITLE | P/D <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LAWRENCE BREAUT | 1.2 NAME | Lawrence Breaut |
| STREET ADDRESS | 2674 SE ERICKSON DR | 1.3 STREET ADDRESS | 2674 SE Erickson Dr. |
| CITY-ST-ZIP | PORT ST. LUCIE FL | 1.4 CITY-ST-ZIP | Port St Lucie FL |
| TITLE | S <input type="checkbox"/> DELETE | 2.1 TITLE | S/D <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GWEN THIBAUT | 2.2 NAME | Gwen Thibault |
| STREET ADDRESS | 671 SE NORSEMAN DR | 2.3 STREET ADDRESS | 671 SE Norseman Dr. |
| CITY-ST-ZIP | PORT ST. LUCIE FL | 2.4 CITY-ST-ZIP | Port St Lucie FL |
| TITLE | T <input type="checkbox"/> DELETE | 3.1 TITLE | T <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FLOYD BROWN | 3.2 NAME | Floyd Brown |
| STREET ADDRESS | 661 SW NORSEMAN DR | 3.3 STREET ADDRESS | 661 SW Norseman Dr. |
| CITY-ST-ZIP | PORT ST. LUCIE FL | 3.4 CITY-ST-ZIP | Port St Lucie FL |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | JACK CROSBY | 4.2 NAME | JOHN ALSUP |
| STREET ADDRESS | 2650 SE ERICKSON DR | 4.3 STREET ADDRESS | 2661 SE Erickson Dr |
| CITY-ST-ZIP | PORT ST. LUCIE FL | 4.4 CITY-ST-ZIP | Port St Lucie FL |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | JOHN SICKLER | 5.2 NAME | Thomas Phibbs |
| STREET ADDRESS | 641 SE NORSEMAN DR | 5.3 STREET ADDRESS | 2666 SE Erickson Dr |
| CITY-ST-ZIP | PORT ST. LUCIE FL | 5.4 CITY-ST-ZIP | Port St Lucie FL |
| 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Lawrence Breaut DATE: 871-1100 DAYTIME PHONE # 0071618

CP2E037 (9/96)