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Mar 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

Mailing Address

2600 SW VIKINGS DR
PT ST LUCIE FL 34984

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PT ST LUCIE FL 34984

3. Date Incorporated or Qualified

09/23/1977

4. FEI Number

59-1829342

Applied For

Not Applicable

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

25

29

30

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. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BREAULT, LAWRENCE
2674 SE ERICKSON DR
PORT ST LUCIE FL 34984

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 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

Signatures, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
NAME LAWRENCE BREAULT
STREET ADDRESS 2674 SE ERICKSON DR
CITY-ST-ZIP PORT ST. LUCIE FL

1.1 TITLE P/D Change Addition
1.2 NAME LAWRENCE BREAULT
1.3 STREET ADDRESS 2674 SE ERICKSON DR
1.4 CITY-ST-ZIP PORT ST LUCIE FL 34984

TITLE SD DELETE
NAME GWEN THIBAUT
STREET ADDRESS 671 SE HOREMAN DR
CITY-ST-ZIP PORT ST. LUCIE FL

2.1 TITLE S/D Change Addition
2.2 NAME ALY MUSTAKIM
2.3 STREET ADDRESS 652 SE NORSEMAN DRIVE
2.4 CITY-ST-ZIP PORT ST LUCIE FL 34984

TITLE D DELETE
NAME FLOYD BROWN
STREET ADDRESS 661 SW NORSEMAN DR
CITY-ST-ZIP PORT ST. LUCIE FL

3.1 TITLE D Change Addition
3.2 NAME FLOYD BROWN
3.3 STREET ADDRESS 661 SW NORSEMAN DRIVE
3.4 CITY-ST-ZIP PORT ST LUCIE FL 34984

TITLE TD DELETE
NAME JACK CROSBY
STREET ADDRESS 2661 SE ERICKSON DR
CITY-ST-ZIP PORT ST. LUCIE FL

4.1 TITLE T/D Change Addition
4.2 NAME JACK CROSBY
4.3 STREET ADDRESS 2661 SE ERICKSON DRIVE
4.4 CITY-ST-ZIP PORT ST LUCIE FL 34984

TITLE D DELETE
NAME JOHN SICKLER
STREET ADDRESS 2666 SE ERICKSON DR
CITY-ST-ZIP PORT ST. LUCIE FL

5.1 TITLE VP/D Change Addition
5.2 NAME THOMAS PHIBBS
5.3 STREET ADDRESS 2666 ERICKSON DRIVE
5.4 CITY-ST-ZIP PORT ST LUCIE FL 34984

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE D Change Addition
6.2 NAME JONNY ALSUP
6.3 STREET ADDRESS 2661 SE ERICKSON DRIVE
6.4 CITY-ST-ZIP PORT ST LUCIE FL 34984

14. I 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

Sandra B. Mortham

3/25/98

340-5153

CPRE037 (10/97)