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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 740223

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

09/23/1977

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-1829342

Applied For
 Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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

SAME

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

Lawrence Breault

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LAWRENCE BREAULT	
STREET ADDRESS	2674 SE ERICKSON DR	
CITY-ST-ZIP	PORT ST. LUCIE FL 34984	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MUSTAKIM, ALY	
STREET ADDRESS	652 SE NORSEMAN DRIVE	
CITY-ST-ZIP	PORT ST. LUCIE FL 34984	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROWN, FLOYD	
STREET ADDRESS	661 SW NORSEMAN DRIVE	
CITY-ST-ZIP	PORT ST. LUCIE FL 34984	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CROSBY, JACK	
STREET ADDRESS	2661 SE ERICKSON DRIVE	
CITY-ST-ZIP	PORT ST. LUCIE FL 34984	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	PHIBBS, THOMAS	
STREET ADDRESS	2666 ERICKSON DRIVE	
CITY-ST-ZIP	PORT ST. LUCIE FL 34984	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALSUP, JONNY	
STREET ADDRESS	2661 SE ERICKSON DRIVE	
CITY-ST-ZIP	PORT ST LUCIE FL 34984	

1.1 TITLE	LAWRENCE BREAULT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PRESIDENT	
1.3 STREET ADDRESS	2674 SE ERICKSON DR	
1.4 CITY-ST-ZIP	PORT ST. LUCIE, FL. 34984	
2.1 TITLE	THOMAS PHIBBS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VICE-PRESIDENT	
2.3 STREET ADDRESS	2666 SE ERICKSON DR	
2.4 CITY-ST-ZIP	PORT ST. LUCIE, FL. 34984	
3.1 TITLE	JOHNNY ALSUP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TREASURER	
3.3 STREET ADDRESS	2661 SE ERICKSON DRIVE	
3.4 CITY-ST-ZIP	PT. ST. LUCIE, FL. 34984	
4.1 TITLE	ALY MUSTAKIM	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	CORRESPONDING SECRETARY	
4.3 STREET ADDRESS	652 SE NORSEMAN DRIVE	
4.4 CITY-ST-ZIP	PT. ST. LUCIE, FL. 34984	
5.1 TITLE	FLOYD BROWN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	RECORDING SECRETARY	
5.3 STREET ADDRESS	661 SW NORSEMAN DRIVE	
5.4 CITY-ST-ZIP	PT. ST. LUCIE, FL. 34984	
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 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, with all other like empowered.

SIGNATURE:

Lawrence Breault
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/99

(561) 219-9276
 Daytime Phone #

CR2E037 (1/198)