

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90008 048 ****61.25

DOCUMENT # 740223

1. Entity Name

VIKINGS LANDING PROPERTY OWNERS' ASSOCIATION, INC

Principal Place of Business

1829-B S.E. AIRPORT ROAD
 STUART FL 34996-4012

Mailing Address

1829-B S.E. AIRPORT ROAD
 STUART FL 34996-4012

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1829342

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

O'HAY, WILLIAM K
 1829-B S.E. AIRPORT ROAD
 STUART FL 34996-4012

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LAWRENCE BREAULT	
STREET ADDRESS	2674 SE ERICKSON DR	
CITY-ST-ZIP	PORT ST. LUCIE FL 34984	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SICKLER, JOHN	
STREET ADDRESS	641 SE NORSEMAN DRIVE	
CITY-ST-ZIP	PORT ST. LUCIE FL 34984	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BROWN, FLOYD	
STREET ADDRESS	661 SW NORSEMAN DRIVE	
CITY-ST-ZIP	PORT ST. LUCIE FL 34984	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	PHIBBS, THOMAS	
STREET ADDRESS	2666 ERICKSON DRIVE	
CITY-ST-ZIP	PORT ST. LUCIE FL 34984	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ALSUP, JONNY	
STREET ADDRESS	2661 SE ERICKSON DRIVE	
CITY-ST-ZIP	PORT ST LUCIE FL 34984	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, FLOYD	
STREET ADDRESS	661 SW NORSEMAN DRIVE	
CITY-ST-ZIP	PORT ST. LUCIE, FL. 34984	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SICKLER, JOHN	
STREET ADDRESS	641 SE NORSEMAN DRIVE	
CITY-ST-ZIP	PORT ST. LUCIE, FL. 34984	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALSUP, JONNY	
STREET ADDRESS	2661 SE ERICKSON DRIVE	
CITY-ST-ZIP	PORT ST. LUCIE, FL. 34984	
TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCKENZIE, JAMES	
STREET ADDRESS	551 SE NORSEMAN DRIVE	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34984	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHIBBS, THOMAS	
STREET ADDRESS	2666 ERICKSON DRIVE	
CITY-ST-ZIP	PORT ST. LUCIE, FL. 34984	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 (PRESIDENT)
 Date: 1/11/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)