

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90059 033 ****61.25

DOCUMENT # 740223

1. Entity Name

VIKINGS LANDING PROPERTY OWNERS' ASSOCIATION, INC

Principal Place of Business

Mailing Address

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

**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

4. FEI Number

59-1829342

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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** Delete
 NAME **BROWN, FLOYD**
 STREET ADDRESS **661 SW NORSEMAN DR.**
 CITY-ST-ZIP **PORT SAINT LUCIE FL 34984**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **SICKLER, JOHN**
 STREET ADDRESS **641 SE NORSEMAN DR.**
 CITY-ST-ZIP **PORT SAINT LUCIE FL 34984**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **ALSUP, JOHNNY**
 STREET ADDRESS **2661 SE ERICKSON DR.**
 CITY-ST-ZIP **PORT SAINT LUCIE FL 34984**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPD** Delete
 NAME **PHIBBS, THOMAS**
 STREET ADDRESS **2666 ERICKSON DR.**
 CITY-ST-ZIP **PORT SAINT LUCIE FL 34984**

TITLE Change Addition
 NAME **VPD Field, Linda**
 STREET ADDRESS **621 SE NORSEMAN DR.**
 CITY-ST-ZIP **PORT ST LUCIE, FL. 34984**

TITLE **TD** Delete
 NAME **MCKENSIE, JAMES**
 STREET ADDRESS **551 SE NORSEMAN DR.**
 CITY-ST-ZIP **PORT SAINT LUCIE FL 34984**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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: *Johnny Alsop* **SIGNATURE REQUIRED** **JOHNNY ALSUP** **1/8/02** **(561) 340-5153**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

UBR/US3

CR2E037 (9/01)