

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740223

FILED
Jan 06, 2004
Secretary of State

Entity Name: VIKINGS LANDING PROPERTY OWNERS'ASSOCIATION, INC.

Current Principal Place of Business:

2417 SE DIXIE HWY
STUART, FL 34996

New Principal Place of Business:

Current Mailing Address:

2417 SE DIXIE HWY
STUART, FL 34996

New Mailing Address:

FEI Number: 59-1829342 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

O'HAY, WILLIAM K
2417 SE DIXIE HWY
STUART, FL 34996 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BROWN, FLOYD
Address: 661 SW NORSEMAN DR.
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: SD () Delete
Name: SICKLER, JOHN
Address: 641 SE NORSEMAN DR.
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: TD () Delete
Name: ALSUP, JOHNNY
Address: 2661 SE ERICKSON DR.
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: RS () Delete
Name: FIELD, LINDA
Address: 621 SE NOASEMAN DR
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: VD () Delete
Name: MCKENSIE, JAMES
Address: 551 SE NORSEMAN DR.
City-St-Zip: PORT SAINT LUCIE, FL 34984

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BROWN, FLOYD
Address: 672 SE NORSEMAN DR.
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: RS (X) Change () Addition
Name: FIELD, LINDA
Address: 621 SE NORSEMAN DR.
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: VD (X) Change () Addition
Name: MCKENZIE, JAMES
Address: 551 SE NORSEMAN DR.
City-St-Zip: PORT SAINT LUCIE, FL 34984

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FLOYD BROWN

PD

01/06/2004

Electronic Signature of Signing Officer or Director

Date