2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#740223

FILED Jan 30, 2006 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 2417 SE DIXIE HWY STUART, FL 34996 **Current Mailing Address: New Mailing Address:** 2417 SE DIXIE HWY STUART, FL 34996 FEI Number: 59-1829342 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: O'HAY, WILLIAM K 2417 SE DIXIE HWY US STUART, FL 34996 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition HARTLEY, CHRIS HARTLEY, CHRIS Name: Name: 671 SE MORRISON DRIVE Address: 671 SE NORSEMAN DRIVE Address: City-St-Zip: PORT SAINT LUCIE, FL 34984 City-St-Zip: PORT SAINT LUCIE, FL 34984 Title: SD () Delete Title: SD (X) Change () Addition SICKLER, JOHN Name: KRAENGEL, JEFF Name: Address: 641 SE NORSEMAN DR. Address: 681 SE NORSEMAN DR. City-St-Zip: PORT SAINT LUCIE, FL 34984 City-St-Zip: PORT SAINT LUCIE, FL 34984 Title: TD () Delete Title: () Change () Addition ALSUP, JOHNNY Name: Name: 2661 SE ERICKSON DR. Address: Address: City-St-Zip: PORT SAINT LUCIE, FL 34984 City-St-Zip: Title: RS () Delete Title: () Change () Addition Name: FIELD, LINDA Name: 621 SE NORSEMAN DR. Address: Address: City-St-Zip: PORT SAINT LUCIE, FL 34984 City-St-Zip: Title: VPD () Delete Title: VPD (X) Change () Addition KAUP, JASON Name: Name: KAUP, JASON 601 SE MORRISON DRIVE 601 SE NORSEMAN DRIVE Address: Address: PORT SAINT LUCIE, FL 34984 City-St-Zip: 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 Chapter 119, 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: CHRIS HARTLEY PD 01/30/2006