

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740223

FILED  
Jan 03, 2012  
Secretary of State

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

**Current Principal Place of Business:**

2043 14TH AVE  
VERO BEACH, FL 32960

**New Principal Place of Business:**

**Current Mailing Address:**

2043 14TH AVE  
VERO BEACH, FL 32960

**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:**

GRAZI, RYAN S  
217 EAST OCEAN BLVD  
STUART, FL 34995 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: T  
Name: HARTLEY, CHRIS  
Address: 671 SE NORSEMAN DRIVE  
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: VPD  
Name: GILLEN, EDWARD  
Address: 2650 SE ERICKSON DRIVE  
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: D  
Name: LARSON, BONNIE  
Address: 601 SE NORSEMAN DRIVE  
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: SD  
Name: BREAUULT, MEREDITH  
Address: 2674 SE ERICKSON DR  
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: PD  
Name: NELSON, RONALD  
Address: 2631 SE ERICKSON DRIVE  
City-St-Zip: PORT SAINT LUCIE, FL 34984

I hereby 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 all other like empowered.

SIGNATURE: SIMONE SIMONE

CAM

01/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date