

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90193 024 ****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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
2417 SE Dixie Highway

3. Mailing Address
2417 SE Dixie Highway

Suite, Apt. #, etc.

City & State
STUART, FL.

City & State
STUART, FL.

4. FEI Number **59-1829342**

Applied For
 Not Applicable

Zip
34996

Country
USA

Zip
34996

Country
USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

O'HAY, WILLIAM K
1820 B S.E. AIRPORT ROAD
STUART FL 34996-4012 *SEE ABOVE*

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *William K. O'Hay* **William K. O'Hay**

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 Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, FLOYD <i>SAME</i> 661 SW NORSEMAN DR. PORT SAINT LUCIE FL 34984	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SICKLER, JOHN 641 SE NORSEMAN DR. PORT SAINT LUCIE FL 34984	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SEC SICKLER, JOHN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALSUP, JOHNNY <i>SAME</i> 2661 SE ERICKSON DR. PORT SAINT LUCIE FL 34984	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FIELD, LINDA 621 SE NOASEMAN DR PORT SAINT LUCIE FL 34984	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition RECORDING SEC FIELD, LINDA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCKENSIE, JAMES 551 SE NORSEMAN DR. PORT SAINT LUCIE FL 34984	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VPD MCKENZIE, JAMES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Floyd Brown* **FLOYD BROWN** 2/14/03 772-878-2815

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (10/02)