

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED AND FILED**

**CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham,  
Secretary of State  
DIVISION OF CORPORATIONS

95 APR -4 AM 10:20

**DOCUMENT # 745257 (6)**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Corporation Name  
**OPUS 21 HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**2927-2965 ATLANTIC ST. P.O. BOX 510053 MELBOURNE BEACH FL 32951-2837**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/14/1978** 3a. Date of Last Report **03/04/1994**  
4. FEI Number **59-2217318** Applied For  Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**SHINE, THOMAS E.  
905 SARNO RD.  
SUITE A  
MELBOURNE FL 32935**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>SD</b>	1.1 TITLE	<b>SECRETARY/DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CALDWELL, LAPSLEY R.</b>	1.2 NAME	<b>CHUCK WEE KELLEY</b>
STREET ADDRESS	<b>859 LOGGERHEAD DR.</b>	1.3 STREET ADDRESS	<b>2963 S. ATLANTIC ST</b>
CITY-ST-ZIP	<b>SATELLITE BCH. FL</b>	1.4 CITY-ST-ZIP	<b>MELBOURNE BCH FL 32957</b>
TITLE	<b>PD</b>	2.1 TITLE	<b>PRESIDENT/DIRECTOR</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GORDON, GRAY</b>	2.2 NAME	<b>SAME</b>
STREET ADDRESS	<b>108 LAUREL TREE WAY</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BRANDON FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>TD</b>	3.1 TITLE	<b>TREASURER/DIRECTOR</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHUHLEIN, LYNN</b>	3.2 NAME	<b>SAME</b>
STREET ADDRESS	<b>2955 ATLANTIC ST.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MELBOURNE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VD</b>	4.1 TITLE	<b>VICE PRESIDENT/DIRECTOR</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOULD, STEVE</b>	4.2 NAME	<b>SAME</b>
STREET ADDRESS	<b>2947 ATLANTIC AVE.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MELBOURNE BCH. FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b>	5.1 TITLE	<b>DIRECTOR</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHINE, THOMAS E.</b>	5.2 NAME	<b>SAME</b>
STREET ADDRESS	<b>905 SARNO RD., SUITE A</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MELBOURNE FL</b>	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statute. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lynn Schullen **TREASURER** 2/21/95 722-3414  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
**Secretary of State**

**March 1, 1995**

**OPUS 21 HOMEOWNERS ASSOCIATION, INC.**  
**2927-2965 ATLANTIC ST.**  
**P.O. BOX 510053**  
**MELBOURNE BEACH, FL 32951-2837**

**SUBJECT: OPUS 21 HOMEOWNERS ASSOCIATION, INC.**  
**Ref. Number: 745257**

Please be advised, we have received your Annual Report; however, the document **has not been filed** and is being returned for the following:

A non-profit corporation must list three (3) directors or (3) trustees and their street addresses in block 12 or 13. Use a "D" or "T" to designate the title.

After the corrections have been made, return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Annual Report Section at (904) 487-6056.

Thank you,

Cynthia Hendrixson  
Annual Report Section

Letter number: 695A00009233