

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 15, 1999 8:00 am**  
**Secretary of State**

04-15-1999 90107 038 \*\*\*\*61.25

0020544

NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 745257**

1. Corporation Name

**OPUS 21 HOMEOWNERS ASSOCIATION, INC.**

339204 - 90107 - 38

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

Mailing Address  
 2927-2965 ATLANTIC ST.  
 P.O. BOX 510053  
 MELBOURNE BEACH FL 32951-2837



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified  
**12/14/1978**

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
**59-2217318**

Applied For  
 Not Applicable

23 City & State

27 City & State

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

24 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHINE, THOMAS E.**  
**905 SARNO RD.**  
**SUITE A**  
**MELBOURNE FL 32935**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BARNES, KRIS	
STREET ADDRESS	2965 S. ATLANTIC STREET	
CITY-ST-ZIP	MELBOURNE BEACH FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	GORDON, GRAY	
STREET ADDRESS	106 LAUREL TREE WAY	
CITY-ST-ZIP	BRANDON FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SCHUHLEIN, LYNN	
STREET ADDRESS	2955 ATLANTIC ST.	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	GOULD, STEVE	
STREET ADDRESS	2947 ATLANTIC AVE.	
CITY-ST-ZIP	MELBOURNE BCH. FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHINE, THOMAS E.	
STREET ADDRESS	905 SARNO RD., SUITE A	
CITY-ST-ZIP	MELBOURNE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GRAY GORDON	
1.3 STREET ADDRESS	(SAME)	
1.4 CITY-ST-ZIP		
2.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JIM RISHEBARGER	
2.3 STREET ADDRESS	2927 SOUTH HWY A1A	
2.4 CITY-ST-ZIP	MELBOURNE BCH, FL 32951	
3.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LYNN S. KLIEM	
3.3 STREET ADDRESS	2955 SOUTH HWY A1A	
3.4 CITY-ST-ZIP	MELBOURNE BCH, FL 32957	
4.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	THOMAS E. SHINE	
4.3 STREET ADDRESS	(SAME)	
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: *LYNN S. KLIEM, Treasurer* Date: *4/12/99* Daytime Phone #: *407/722-3491*

CR2E037 (11/98)