
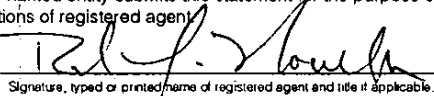
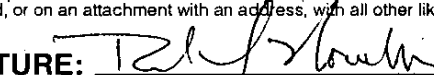


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90301 015 ****61.25

DOCUMENT # 745257					
1. Entity Name OPUS 21 HOMEOWNERS ASSOCIATION, INC.					
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			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2217318	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SHINE, THOMAS E. 905 SARNO RD. SUITE A MELBOURNE FL 32935				Name Robin L. Novelli	
				Street Address (P.O. Box Number is Not Acceptable) 2927 S Highway A1A	
				City Melbourne Beach FL Zip Code 32951	
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 		Robin L. Novelli		Secretary/Treasurer 3/6/05	
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 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GORDON, GRAY	NAME			
STREET ADDRESS	2957 S HWY A1A	STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	CITY-ST-ZIP			
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NOVELLI, ROBIN	NAME			
STREET ADDRESS	2927 SO HWY A1A	STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE FL 32951	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HAVIND, SUSAN	NAME			
STREET ADDRESS	2947 S HWY A1A	STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	CITY-ST-ZIP			
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SHINE, THOMAS E	NAME			
STREET ADDRESS	2963 S HWY A1A	STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SMITH, BRENDA	NAME			
STREET ADDRESS	2933 S HWY A1A	STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	George Cosgrove	NAME			
STREET ADDRESS	2961 S HWY A1A	STREET ADDRESS			
CITY-ST-ZIP	Melbourne Beach, FL 32951	CITY-ST-ZIP			
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: 		Robin L. Novelli		3/6/05 321.952.5800	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	



1st MOORE CR2E037 (10/04)