2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT **DOCUMENT #745257** 1. Entity Name OPUS 21 HOMEOWNERS ASSOCIATION, INC.



FILED Jul 24, 2008 8:00 am Secretary of State

07-24-2008 90017 016 ****61.25

| Principal Pface of Business 2927-2965 ATLANTIC ST. P.O. 80X \$10033 MELBOURNE BEACH, FL 32951-2837 MELBOURNE BEACH, FL 32951 MINING ADDITIONAL PROPERTY OF THE PROPERTY |
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| Suite, Apt. #, etc. City & State Country S. Certificate of Status Desired \$8.75 Additional Fee Required Street 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 a the obligations of registered agent. Signature, hyad or press name of registered agent and title if Applicable. (MOTE Registered Agent synature registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent agent and title if Applicable. Filling Foe is \$61.25 Bue by September 12, 2008 9. Election Campaign Financing Trust Fund Contribution. Addod to Fees Filling Foe is \$61.25 STD OFFICERS AND DIRECTORS IN 10 Delete TITLE STD OFFICERS AND DIRECTORS IN 10 Delete TITLE D ORDON, GRAY SIRET ADDRESS OITY-ST-2P MELBOURNE BEACH, FL 32951 Defette TITLE OGRODON, GRAY SIRET ADDRESS OITY-ST-2P MELBOURNE, FL 32951 TITLE D OGRODON, GRAY SIRET ADDRESS OITY-ST-2P MELBOURNE, FL 32951 TITLE D OGRODON, GRAY SIRET ADDRESS OITY-ST-2P MELBOURNE, FL 32951 TITLE D OGRODON, GRAY SIRET ADDRESS OITY-ST-2P MELBOURNE, FL 32951 TITLE D OGRODON, GRAY SIRET ADDRESS SIRET ADDRESS OITY-ST-2P MELBOURNE, FL 32951 TITLE D OGRODON, GRAY SIRET ADDRESS SIRET ADDR |
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| Signature, speed or protect name of registered agent. Signature, speed or protect name of registered agent, or both, in the State of Florida. I am familiar with, and as the obligations of registered agent, or both, in the State of Florida. I am familiar with, and as the obligations of registered agent, or both, in the State of Florida. I am familiar with, and as the obligations of registered agent, or both, in the State of Florida. I am familiar with, and as the obligations of registered agent, or both, in the State of Florida. I am familiar with, and as the obligations of registered agent, or both, in the State of Florida. I am familiar with, and as the obligations of registered agent, or both, in the State of Florida. I am familiar with, and as the obligations of registered agent, or both, in the State of Florida. I am familiar with, and as the obligations of registered agent, or both, in the State of Florida. I am familiar with, and as the obligations of registered agent, or both, in the State of Florida. I am familiar with, and as the obligations of registered agent, or |
| Signature Sign |
| Name Name |
| HAVRID, SUSAN 2927 S. HIGHWAY A1A MELBOURNE BEACH, FL 32951 City FL Zip Code City City FL Zip Code City FL Zip Code City City City City FL Zip Code City C |
| 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 as the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent agruture required when renationg) DATE |
| SIGNATURE Signature, typed or prired neme of registered agent and title if applicable. |
| Filling Fee Is \$61.25 Due by September 12, 2008 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE NAME HAVRID, SUSAN SIRET ADDRESS CITY-ST-ZIP MELBOURNE, FL 32951 TITLE D TITLE D TITLE NAME GORDON, GRAY SIRET ADDRESS CITY-ST-ZIP MELBOURNE, FL 32951 TITLE D TITLE D TITLE D TITLE NAME CELIA, SILVIA SIREET ADDRESS SIREET ADDRESS SIREET ADDRESS CITY-ST-ZIP MELBOURNE, FL 32951 TITLE NAME CELIA, SILVIA SIREET ADDRESS SIREET ADDRES |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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. 321

SIGNATURE:

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