

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS NC
31-96B 0585

DOCUMENT # 745257 (6)

1. Corporation 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

3. Date incorporated or Qualified: 12/14/1978
3a. Date of Last Report: 04/04/1995

2. Principal Place of Business (21-23) and Mailing Address (26-30) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number: 59-2217318
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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 (81-85) fields for Name, Street Address, City, and 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | SD KELLEY, CHUCK 2953 S. ATLANTIC STREET MELBOURNE BEACH FL | 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 12 NAME | |
| STREET ADDRESS | | 13 STREET ADDRESS | |
| CITY - ST - ZIP | | 14 CITY - ST - ZIP | |
| TITLE | PD GORDON, GRAY 106 LAUREL TREE WAY BRANDON FL | 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 22 NAME | |
| STREET ADDRESS | | 23 STREET ADDRESS | |
| CITY - ST - ZIP | | 24 CITY - ST - ZIP | |
| TITLE | TD SCHUHLEIN, LYNN 2955 ATLANTIC ST. MELBOURNE FL | 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY - ST - ZIP | | 34 CITY - ST - ZIP | |
| TITLE | VPD GOULD, STEVE 2947 ATLANTIC AVE. MELBOURNE BCH. FL | 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY - ST - ZIP | | 44 CITY - ST - ZIP | |
| TITLE | D SHINE, THOMAS E. 905 SARNO RD., SUITE A MELBOURNE FL | 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY - ST - ZIP | | 54 CITY - ST - ZIP | |
| TITLE | | 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY - ST - ZIP | | 64 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 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.

SIGNATURE: Lynn Schuhlein TREASURER Date: 1/25/94 Daytime Phone #: 407/722-3491

CR2E037 (12/95)