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Mar 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 745257 (6)
1. Corporation Name
OPUS 21 HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
2927-2965 ATLANTIC ST. 2927-2965 ATLANTIC ST.
P.O. BOX 510053 P.O. BOX 510053
MELBOURNE BEACH FL 32951-2837 MELBOURNE BEACH FL 32951-0053

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/14/1978	3a. Date of Last Report 01/31/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2217318	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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	SO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLEY, CHUCK	1.2 NAME	
STREET ADDRESS	2953 S. ATLANTIC STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE BEACH FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORDON, GRAY	2.2 NAME	SECRETARY GORDON, GRAY
STREET ADDRESS	106 LAUREL TREE WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHUHLEIN, LYNN	3.2 NAME	
STREET ADDRESS	2955 ATLANTIC ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-ZIP	
TITLE	VPD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOULD, STEVE	4.2 NAME	PRESIDENT GOULD, STEVE
STREET ADDRESS	2947 ATLANTIC AVE.	4.3 STREET ADDRESS	500002119735
CITY-ST-ZIP	MELBOURNE BCH. FL	4.4 CITY-ST-ZIP	-03/20/97-01120-038
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHINE, THOMAS E.	5.2 NAME	***61.25
STREET ADDRESS	905 SARNO RD., SUITE A	5.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	VICE PRESIDENT KRIS BARNES
STREET ADDRESS		6.3 STREET ADDRESS	2965 S. ATLANTIC ST
CITY-ST-ZIP		6.4 CITY-ST-ZIP	MELBOURNE BCH, FL. 32951

14. I do 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.

SIGNATURE _____ LYNN SCHUHLEIN 2/2/97 407/ 777-2101

CR2E037 (9/96)