FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(6)

FILED Jan 22 1998 8:00am Secretary of State

OPUS 21 HOMEOWNERS ASSOCIATION, INC.						
Principal Place of Business Mailing Address						
2927-2965 ATL P.O. BOX 5100 MELBOURNE B		2927-2965 ATLANTIC ST. P.O. BOX 510053 MELBOURNE BEACH FL 3:				3. Date Incorporated or Qualified 12/14/1978 4. FEI Number Applied For Not Applicable
Principal Place of Business 2a. Mailing Addres 21						5. Certificate of Status Desired \$8.75 Additional Fee Required
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & Stat	ie .	City & State	City & State			7. Is this nonprofit corporation a homeowners association?
Zip	Country 25	Zip	Country 30			8. This corporation owes or has paid the current year Intanglible Personal Property Tax due June 30. Yes No
	9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent
	· · · · · · · · · · · · · · · · · · ·	_	8	31 N	ame	
	THOMAS E.		82 Street Addr		reet Addre	ess (P.O. Box Number is Not Acceptable)
905 SAF SUITE A			83			
MELBOURNE FL 32935			8	84 City El 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, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
12.	· 'L OFFICERS	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME	VP '• BARNES, KRIS	DELETE	1.1 TITLE 1.2 NAME			Change Addition
STREET ADDRESS	2965 S. ATLANTIC STREE	Т	1.3 STRE	1.3 STREET ADDRESS		
CITY-ST-ZIP			_	-ST-ZIF		[(N
TITLE				2.1 TITLE		☐ Change ☐ Addition
NAME	GORDON, GRAY		2.2 NAME			
STREET ADDRESS CITY-ST-ZIP				2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP		
TITLE			3.1 TITLE		<u>- </u>	☐ Change ☐ Addition
NAME	SCHUHLEIN, LYNN			3.2 NAME		
STREET ADDRESS 2955 ATLANTIC ST.			3.3 STREET ADDRESS		IESS	'
CITY-ST-ZIP	MELBOURNE FL		3.4. CITY-ST-ZIP		,	
TITLE			4.1 TITLE	:		Change Addition
NAME	GOULD, STEVE 4.21		4. 2 NAM	Æ		
STREET ADDRESS	RESS 2947 ATLANTIC AVE. 43		4.3 STRE	ET ADDF	ESS	
CITY - ST - ZIP			4.4 CITY			
TITLE			5.1 TITLE		☐ Change ☐ Additi	
NAME				5.2 NAME		
STREET ADDRESS			5.3 STRE		- 1	
CITY-ST-ZIP			5.4 CITY	- ST-ZIP	-	Change Addition

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 any attachment with an address.

6.2 NAME

SIGNATURE:

NAME

STREET ADDRESS