

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90136 037 ****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 32951-0053
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DO NOT WRITE IN THIS SPACE

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
**SHINE, THOMAS E.
 905 SARNO RD.
 SUITE A
 MELBOURNE FL 32935**

7. Name and 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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME GOROON, GARY	STREET ADDRESS 2965 S. ATLANTIC STREET	CITY-ST-ZIP MELBOURNE BEACH FL
TITLE NAME RISHEBARGER, JIM	STREET ADDRESS 2927 S HWY A1A	CITY-ST-ZIP MELBOURNE FL 32951
TITLE NAME KLIEM, LYNN S	STREET ADDRESS 2955 S HWY A1A	CITY-ST-ZIP MELBOURNE BEACH FL 32957
TITLE NAME SHINE, THOMAS E	STREET ADDRESS 2947 ATLANTIC AVE.	CITY-ST-ZIP MELBOURNE BCH. FL
TITLE NAME SHINE, THOMAS E.	STREET ADDRESS 905 SARNO RD., SUITE A	CITY-ST-ZIP MELBOURNE FL
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	
TITLE NAME	STREET ADDRESS	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 *Lynn S Kliem* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **Jan 10, 00** Daytime Phone # **407/722-3491**

CR2E037 (9/99)