

1/22/01

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2001 8:00 am
Secretary of State

01-22-2001 90100 004 ****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 32951-2837

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2217318

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Thomas Shine - Director

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P
 NAME GOROON, GARY D
 STREET ADDRESS 2965 S. ATLANTIC STREET
 CITY-ST-ZIP MELBOURNE BEACH FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE S
 NAME RISHEBARGER, JIM D
 STREET ADDRESS 2927 S HWY A1A
 CITY-ST-ZIP MELBOURNE FL 32951

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE T
 NAME KJEM, LYNN S D
 STREET ADDRESS 2955 S HWY A1A
 CITY-ST-ZIP MELBOURNE BEACH FL 32957

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D
 NAME SHINE, THOMAS E D
 STREET ADDRESS 2947 ATLANTIC AVE.
 CITY-ST-ZIP MELBOURNE BCH. FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D
 NAME SHINE, THOMAS E
 STREET ADDRESS 905 SARNO RD., SUITE A
 CITY-ST-ZIP MELBOURNE FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 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 Kjem, Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 8, 2001

Date

321-722-3491

Daytime Phone #

CR2E037 (10/00)