

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 08:00 AM
Secretary of State

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

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GORDON, GRAY ☐ Delete
STREET ADDRESS 2957 S HWY A1A
CITY-ST-ZIP MELBOURNE BEACH FL 32951

TITLE STD
NAME NOVELLI, ROBIN ☐ Delete
STREET ADDRESS 2927 SO HWY A1A
CITY-ST-ZIP MELBOURNE FL 32951

TITLE D
NAME HAVIND, SUSAN ☐ Delete
STREET ADDRESS 2947 S HWY A1A
CITY-ST-ZIP MELBOURNE BEACH FL 32951

TITLE VD
NAME SHINE, THOMAS E ☐ Delete
STREET ADDRESS 2963 S HWY A1A
CITY-ST-ZIP MELBOURNE BEACH FL 32951

TITLE D
NAME SMITH, BRENDA ☐ Delete
STREET ADDRESS 2933 S HWY A1A
CITY-ST-ZIP MELBOURNE BEACH FL 32951

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☐ Addition
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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:

[Signature]

2/9/04

(321) 952-5800