

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90101 042 \*\*\*\*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 - No P.O. Box #

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

NOVELL, ROBIN L  
2927 S. HIGHWAY A1A  
MELBOURNE BEACH FL 32951

7. Name and Address of New Registered Agent

Name Susan Havird

Street Address (P.O. Box Number is Not Acceptable)  
2947 S A1A

City Melbourne Beach FL Zip Code 72

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, 2007**

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

TITLE VD ☐ Delete  
NAME DIETZ, ROGER  
STREET ADDRESS 2953 S HWY A1A  
CITY-ST-ZIP MELBOURNE BEACH FL 32951

TITLE D ☐ Delete  
NAME COSGROVE, GEORGE  
STREET ADDRESS 2961 S. HWY A1A  
CITY-ST-ZIP MELBOURNE BEACH FL 32951

TITLE D ☐ Delete  
NAME LEVENTHAL, CINDY  
STREET ADDRESS 2955 S HWY A1A  
CITY-ST-ZIP MELBOURNE BEACH FL 32951

TITLE D ☒ Delete  
NAME ARUIDSON, CHRIS  
STREET ADDRESS 2939 S HWY A1A  
CITY-ST-ZIP MELBOURNE BEACH FL 32951

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE S/T/D ☒ Change ☐ Addition  
NAME Susan Havird  
STREET ADDRESS 2947 S A1A  
CITY-ST-ZIP Melbourne Beach, FL 32951

TITLE D ☒ Change ☐ Addition  
NAME Gordon, Gray  
STREET ADDRESS 2957 S Hwy A1A  
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
NAME Celia Silva  
STREET ADDRESS 2943 S A1A  
CITY-ST-ZIP

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

TITLE PD ☒ Change ☐ Addition  
NAME Leventhal, Cindy  
STREET ADDRESS 2955 S Hwy A1A  
CITY-ST-ZIP Melbourne Beach, FL

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 exemptions contained in Section 119, 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:

Susan Havird Susan Havird

2-2-07

727-7104

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Devoice Phone #