

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745257

FILED
Mar 05, 2009
Secretary of State

Entity Name: OPUS 21 HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2927-2965 ATLANTIC ST.
P.O. BOX 510053
MELBOURNE BEACH, FL 329512837

New Principal Place of Business:

2927-2965 ATLANTIC ST.
MELBOURNE BEACH, FL 329512837

Current Mailing Address:

2927-2965 ATLANTIC ST.
P.O. BOX 510053
MELBOURNE BEACH, FL 329512837

New Mailing Address:

FEI Number: 59-2217318 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAVIRD, SUSAN
2927 S. HIGHWAY A1A
MELBOURNE BEACH, FL 32951 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: HAVIRD, SUSAN
Address: 2947 S A1A
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: D () Delete
Name: GORDON, GRAY
Address: 2927 S. HIGHWAY A1A
City-St-Zip: MELBOURNE, FL 32951

Title: P () Delete
Name: COSGROVE, GEORGE
Address: 2961 S. HWY A1A
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: D () Delete
Name: NOVELLI, TERI
Address: 2927 S. A1A
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: BUTURLA, CAROL
Address: 2965 S. A1A
City-St-Zip: MELBOURNE BEACH, FL 32951

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN HAVIRD

STD

03/05/2009

Electronic Signature of Signing Officer or Director

Date