

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000008054

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Entity Name:** 906 MAR WALT ASSOCIATION, INC.

**Current Principal Place of Business:**

906 MAR WALT DRIVE  
FT WALTON, FL 32547

**New Principal Place of Business:**

906 MAR WALT DRIVE  
FT WALTON BEACH, FL 32547

**Current Mailing Address:**

888 THE MASTERS BLVD  
SHALIMAR, FL 32579

**New Mailing Address:**

**FEI Number:** 59-3687133

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THICKBROOM, PETER A  
888 THE MASTERS BLVD  
SHALIMAR, FL 32579 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:** DST  
**Name:** THICKBROOM, PETER A  
**Address:** 888 THE MASTERS BLVD  
**City-St-Zip:** SHALIMAR, FL 32579

**Title:** DP  
**Name:** WOODBURN, WESLEY S JR  
**Address:** 88 NE EGLIN PKWY  
**City-St-Zip:** FT WALTON BEACH, FL 32548

**Title:** DV  
**Name:** YOUNGBLOOD, RUSSELL  
**Address:** 906 MAR WALT DRIVE  
**City-St-Zip:** FT WALTON, FL 32547

I hereby 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 all other like empowered.

**SIGNATURE:** PETER A. THICKBROOM

DST

01/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date