

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000002035**

1. Entity Name  
**O'BRIEN CENTRE OWNER'S ASSOCIATION, INC.**



Principal Place of Business  
**2166 B HIGHWAY 30A  
BLUE MOUNTAIN BEACH, FL 32459**

Mailing Address  
**P.O. BOX 2115  
SANTA ROSA BEACH, FL 32459**

**DO NOT WRITE IN THIS SPACE**



03032006 No Chg-NP CR2E037 (11/05)

4. FEI Number  
**75-3078310**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MEAD, MICHAEL W  
24 WALTER MARTIN RD.  
FT. WALTON BEACH, FL 32548**

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME O'BRIEN, EDWARD J JR.  
STREET ADDRESS P.O. BOX 2115  
CITY-ST-ZIP SANTA ROSA BEACH, FL 32459

TITLE VD  
NAME BURCH, STEVE  
STREET ADDRESS P.O. DRAWER 1329  
CITY-ST-ZIP FT. WALTON BEACH, FL 32549

TITLE TO  
NAME MEAD, MICHAEL W  
STREET ADDRESS P.O. DRAWER 1329  
CITY-ST-ZIP FT. WALTON BEACH, FL 32549

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Edward J. O'Brien, Jr. **Edward J. O'Brien, Jr.**

3/2/06

850-267-9444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #