

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 28, 2008 8:00 am
Secretary of State**

01-16-2008 90021 009 ****61.25

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



01112008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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 renewing)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

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 TD
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 _____

**DO NOT WRITE
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF CHANGING OFFICER OR DIRECTOR

2/26/08

Date

850-598-9444

Daytime Phone #