

**N07000002308**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch MAR 6 2007

## COVER LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** O'Brien Hills Estates Homeowners Association, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the Articles of Incorporation and a check for :

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee &  
Certificate of  
Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

**FROM:** Ronald F. Poe, II  
Name (Printed or typed)

7569 216<sup>th</sup> St.  
Address

O'Brien, FL 32071  
City, State & Zip

386-935-4152  
Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**

**ARTICLES OF INCORPORATION**  
In Compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

O'Brien Hills Estates Homeowners Association, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

7569 216<sup>th</sup> St.  
O'Brien, FL 32071

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

For a homeowners association to and for maintaining O'Brien Hills Estates Subdivision,  
roads, easements, retentions, ditches, mowing, seeding, etc.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

Directors/officers will be elected by ballot

**ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS**

List name(s), address(es) and specific title(s):

See Attached

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Ronald F. Poe II  
7569 216<sup>th</sup> St.  
O'Brien, FL 32071

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Ronald F. Poe II  
7569 216<sup>th</sup> St.  
O'Brien, FL 32071

\*\*\*\*\*

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.*

\_\_\_\_\_  
Signature/Registered Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature/Incorporator

\_\_\_\_\_  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**O'BRIEN HILLS ESTATES  
HOME OWNERS ASSOCIATION, INC.**

**7569A 216<sup>th</sup> St.  
O'BRIEN, FL 32071  
386-935-4152**

**President:** Ronald F. Poe II  
7569 216<sup>th</sup> St.  
O'Brien, FL 32071

**Vice-President:** Kent Peterson  
12550 160<sup>th</sup> Terrace  
McAlpin, FL 32062

**Secretary:** James Kevin Koon  
2269 NE County Rd. 400  
Mayo, FL 32066