

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90399 045 ****61.25

DOCUMENT # N94000002688

1. Entity Name
O.B.C. HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**1950 N.E. 7TH STREET BOX 6
DEERFIELD BEACH, FL 33441**

Mailing Address
**500 NE SPANISH RIVER BLVD
#18
BOCA RATON, FL 33431**

40088030



2. Principal Place of Business - No P.O. Box #

500 NE Spanish River Blvd

3. Mailing Address

Suite, Apt. #, etc.

Ste 18

Suite, Apt. #, etc.

City & State

Boca Raton FL

City & State

Zip

33431

Country

US

Zip

Country

02142007

Chg-NP

CR2E037 (12/06)

4. FEI Number
65-0530659

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WILLIS, ERNEST W
500 NE SPANISH RIVER BLVD
STE # 18
BOCA RATON, FL 33431**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HEPPLER, HOWARD
STREET ADDRESS 1968 NE 7TH STREET, #101
CITY-ST-ZIP DEERFIELD BEACH, FL 33441 ☐ Delete

TITLE SD
NAME EASTMAN, ALEX
STREET ADDRESS 1950 NE 7 ST #101
CITY-ST-ZIP DEERFIELD BEACH, FL 33441 ☐ Delete

TITLE TD
NAME WALKER, LINDA
STREET ADDRESS 1980 NE 7TH STREET, #107
CITY-ST-ZIP DEERFIELD BEACH, FL 33441 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #