

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90214 044 ****61.25

DOCUMENT # N94000002688					
1. Entity Name O.B.C. HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 500 NE SPANISH RIVER BLVD STE 18 BOCA RATON, FL 33431			Mailing Address 500 NE SPANISH RIVER BLVD #18 BOCA RATON, FL 33431		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01152008 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			7. Name and Address of New Registered Agent		
WILLIS, ERNEST W 500 NE SPANISH RIVER BLVD STE # 18 BOCA RATON, FL 33431			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE PD NAME HEPPLER, HOWARD STREET ADDRESS 1968 NE 7TH STREET, #101 CITY-ST-ZIP DEERFIELD BEACH, FL 33441	☒ Delete				
TITLE SD NAME ALEXANDER DEBRA STREET ADDRESS 1962 NE 7 ST #101 CITY-ST-ZIP DEERFIELD BCH FL 33441	☐ Change ☒ Addition				
TITLE SD NAME EASTMAN, ALEX STREET ADDRESS 1950 NE 7 ST #101 CITY-ST-ZIP DEERFIELD BEACH, FL 33441	☐ Delete				
TITLE PD NAME EASTMAN ALEX STREET ADDRESS 1950 NE 7 ST #101 CITY-ST-ZIP DEERFIELD BCH FL 33441	☒ Change ☐ Addition				
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	☐ 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: _____ <i>Alexander EASTMAN</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					