2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2009
Secretary of State

DOCUMENT# N94000002688

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

Current Principal Place of Business:

700 S.E.2ND AVE. #415
DEERFIELD BEACH, FL 33441

New Principal Place of Business:

Current Mailing Address:

700 S.E.2ND AVE. #415
DEERFIELD BEACH, FL 33441

New Mailing Address:

P.O. BOX 8730
DEERFIELD BEACH, FL 33443

FEI Number: 65-0530659 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RATLIFF, CARY L
700 S.E.2ND AVE. #415
DEERFIELD BEACH, FL 33441 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: EASTMAN, ALEX
Address: 1950 NE 7 ST #101
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: TD ( ) Delete
Name: WALKER, LINDA
Address: 1980 NE 7TH STREET, #107
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: SD ( ) Delete
Name: ALEXANDER, DEBRA
Address: 1962 NE 7 ST #101
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition
Name: EASTMAN, ALEX
Address: 1950 NE 7 ST #101
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PD ( ) Change (X) Addition
Name: HEPPLER, HOWARD
Address: 1968 NE 7 ST #101
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: ASD ( ) Change (X) Addition
Name: HARLOW, T. DAVID
Address: 1950 NE 7 ST #105
City-St-Zip: DEERFIELD BEACH, FL 33441

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARY L RATLIFF RA 03/06/2009

Electronic Signature of Signing Officer or Director — Date