

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)



FILED

2008 APR 10 AM 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P02000131588			
1. Entity Name OBP SANDESTIN, INC.			
Principal Place of Business 10800 LAKESIDE DRIVE CORAL GABLES FL 33156		Mailing Address PO BOX 2547 FORT MYERS FL 33902	
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

1st MOORE CR2E034 (10/07)

4. FEI Number 55-0822662		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ROSE, SUNDBSTROM & BENTLEY, LLP 2548 BLAIRSTONE PINES DRIVE TALLAHASSEE FL 32301		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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO <input type="checkbox"/> Delete SCHENKMAN, JOEL 10800 LAKESIDE DRIVE CORAL GABLES FL 33156	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary, Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Schenkman, Randy 10800 Lakeside Dr Coral Gables, Fl. 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Schenkman, Lara 10800 Lakeside Dr Coral Gables, Fl. 33956
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, 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: *Joel Schenkman* **Joel Schenkman** *Chairman/President* **3-19-08** **239-543-1005**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #