


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90090 032 ****61.25

DOCUMENT # N04000002909 1. Entity Name OBA HOTEL & RESTAURANT ASSOCIATES, INC.					
Principal Place of Business 979 BEACHLAND BLVD VERO BEACH, FL 32963			Mailing Address P O BOX 3745 VERO BEACH, FL 32964		
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		
4. FEI Number 20-0925004 <div style="float: right; text-align: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent FENNELL, TODD W 979 BEACHLAND BLVD VERO BEACH, FL 32963			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COCHRANE, ELIZABETH 2265 SILVERSANDS CT VERO BEACH, FL 32963	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PFEUNIG, AMANDA 1120 BUCKHEAD DR SW VERO BEACH, FL 32968	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Peter Pringle 5000 HWY 1A Unit 105 VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FLICKINGER, ROBERT 438 CHALOUPPE TERRACE SEBASTIAN, FL 32958	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AL BENNETT 722e SILVERSHORES ROAD VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BUFFINO, LISA 137 DAISY LANE SEBASTIAN, FL 32958	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GEORGIA, IRISH A 266 ZANE AVE SEBASTIAN, FL 32958	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____
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>Georgia Irish</i> GEORGIA IRISH 4308 772-231-8207					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					