

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**


3/1

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

03-18-2005 90068 011 \*\*\*\*70.00

**DOCUMENT # N04000002906**

1. Entity Name  
**OBA RETAIL ASSOCIATES, INC.**



Principal Place of Business  
**979 BEACHLAND BLVD  
 VERO BEACH, FL 32963**

Mailing Address  
**P O BOX 3745  
 VERO BEACH, FL 32964**

**66010299**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

02222005 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number  
**20-0925207**

Applied For  
 Not Applicable

City & State

Zip Country Zip Country

8. Certificate of Status Desired  **\$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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2005**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
PD	BAUER, MARC	3244 OCEAN DR	VERO BEACH, FL 32963	<input checked="" type="checkbox"/>
VPD	ANDERSON, ROBERT	340 E WAVERLY PLACE	VERO BEACH, FL 32960	<input checked="" type="checkbox"/>
VPO	JORDAN, PATRICK	1801 US HWY 1	VERO BEACH, FL 32960	<input checked="" type="checkbox"/>
SD	MACBRIDE, SHARON	571 BEACHLAND BLVD.	VERO BEACH, FL 32963	<input checked="" type="checkbox"/>
TD	CAHOY, RICHARD	3300 OCEAN DR	VERO BEACH, FL 32963	<input checked="" type="checkbox"/>
D	BIRELEY, RICHARD	3328 OCEAN DR	VERO BEACH, FL 32963	<input checked="" type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	CHRISTINA M. TASCAN	100 12TH DL SE	VERO BEACH FL 32962-5728	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	ANDERSON ROBERT	340 E. WAVERLY PLACE	VERO BEACH FL 32960	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VPO	BENKERT O. ALBERT	275 DAIG PALM BLVD.	VERO BEACH FL 32963-1562	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	OFFICUTT S. MARGARET	4146 SILVER PALM DR.	VERO BEACH FL 32963-1372	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TD	FLICKINGER ROBERT	438 CHALOUPE TER.	SEBASTIAN FL 32958	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Robert N. Flickinger TD 3/9/05 772-2312088  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #