

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90362 017 ****61.25

60029760



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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-0925207	
				Applied For 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		
FENNELL, TODD W 979 BEACHLAND BLVD VERO BEACH, FL 32963			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	PD	<input checked="" type="checkbox"/> Delete	TITLE	VP ELIZABETH COCHRANE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TASCON, CHRISTINA M		NAME	2205 SILVERSHOES CT	
STREET ADDRESS	166 12TH PL SE		STREET ADDRESS	VERO BEACH 32963	
CITY-ST-ZIP	VERO BEACH, FL 329625728		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	SD AMANDA S. DEWENTING	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDERSON, ROBERT		NAME	1120 BUCHHEAD DR SW	
STREET ADDRESS	340 E WAVERLY PL #6D		STREET ADDRESS	VERO BEACH FL 32968	
CITY-ST-ZIP	VERO BEACH, FL 32960		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	PD BENKERT O. ALBERT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENKERT, O. ALBERT		NAME	716 SILVERSHOES RD.	
STREET ADDRESS	275 DATE PALM BLVD		STREET ADDRESS	VERO BEACH, FL 32963	
CITY-ST-ZIP	VERO BEACH, FL 329631582		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OFFUITT, S. MARGARET		NAME		
STREET ADDRESS	4140 SILVER PALM DR		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32963		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	TD FLICKINGER ROBERT W	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLICKINGER, ROBERT		NAME	438 CHALOUPPE TERRANCE	
STREET ADDRESS	438 CHALOUPPE TERR		STREET ADDRESS	SEBASTIAN FL 32958	
CITY-ST-ZIP	SEBASTIAN, FL 32958		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>Robert W Flickinger</u>		Date: <u>1-24-06</u>		Daytime Phone #: <u>772232088</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

ATTACHMENT

60029760

LAW OFFICES OF
**GOULD, COOKSEY, FENNELL,
O'NEILL, MARINE, CARTER & HAFNER, P.A.**

JOHN R. GOULD (1921-1988)
DARRELL FENNELL (1937-2004)
BYRON T. COOKSEY
EUGENE J. O'NEILL*
CHRISTOPHER H. MARINE
DAVID M. CARTER
TODD W. FENNELL, LL.M.
*FL. BOARD CERTIFIED
CIVIL TRIAL AND BUSINESS LITIGATION

979 BEACHLAND BOULEVARD
VERO BEACH, FLORIDA 32963
TELEPHONE: (772) 231-1100
FAX: (772) 231-2020

TROY B. HAFNER, LL.M.**
BRIAN J. CONNELLY
SANDRA G. RENNICK
CLINT S. MALONE
JENNIFER VANHOOSE
WILLIAM N. KIRK, LL.M.

**FL. BOARD CERTIFIED
WILLS, TRUSTS AND ESTATES

April 17, 2006

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: OBA Retail Associates, Inc.
Document # N04000002906

Dear Sir/Madam:

Enclosed please find the 2006 Not-For-Profit Corporation Annual Report for filing with the Division of Corporations in reference to the above captioned matter, together with our client's check in the amount of \$61.25 representing the filing fee and certificate of status.

Should you have any questions, please feel free to contact me.

Sincerely,

Todd W. Fennell
Todd W. Fennell

TWF:ac
enclosures

cc: Mr. Robert Flickinger