

**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**



01172006 Chg-NP CR2E037 (11/05)

<b>DOCUMENT # N04000002906</b>					
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>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		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 TASCON, CHRISTINA M 166 12TH PL SE VERO BEACH, FL 329625728	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ELIZABETH COCHRANE 2205 SILVERSHOES CT VERO BEACH 32963	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, ROBERT 340 E WAVERLY PL #6D VERO BEACH, FL 32960	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD AMANDA S. DEWENTING 1120 BUCHHEAD DR SW VERO BEACH FL 32968	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BENKERT, O. ALBERT 275 DATE PALM BLVD VERO BEACH, FL 329631582	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BENKERT O. ALBERT 716 SILVERSHOES RD. VERO BEACH, FL 32963	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OFFUITT, S. MARGARET 4140 SILVER PALM DR VERO BEACH, FL 32963	<input checked="" 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	TD FLICKINGER, ROBERT 438 CHALOUPPE TERR SEBASTIAN, FL 32958	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FLICKINGER ROBERT W 438 CHALOUPPE TERRANCE SEBASTIAN FL 32958	<input checked="" 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 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