## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 25, 2007 8:00 am Secretary of State

DOCUMENT # N0400002906  1. Entity Name OBA RETAIL ASSOCIATES, INC.						04-25-200	7 90195	029 ****	61.25
Principal Place of Business 979 BEACHLAND BLVD VERO BEACH, FL 32963  Mailing Address POB 3745 VERO BEACH, FL 32964						   164   164   16		## <b>#                                  </b>	
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address					inne		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01222007 Ch	ng-NP	CR2E03	7 (12/06)	
City & State		City & State			4. FEI Number 20-092520	7		_ <del>                                    </del>	plied For t Applicable
Zip	. Country	Zip	Country		5. Certificate of Sta	atus Desired		\$8.75 Add Fee Required	
	6. Name and Address of Curren	Registered Agent			7. Name and Add	ress of New R	egistered A	gent	
FENNELL, TODD W 979 BEACHLAND BLVD			Name Street	treet Address (P.O. Box Number is Not Acceptable)					
VERO BEACH, FL 32963									
			City				FL	Zip Code	<del></del>
	named entity submits this statement fillions of registered agent.	or the purpose of changing its	s registered office	or register	ed agent, or both, in	the State of Flo	orida. I am f	amiliar with,	and accept
SIGNATURE .									
	Signature, typed or printed name of registered ager	and title if applicable. (NOT	E: Registered Agent sign	beriuper eruter	when reinstating)	***************************************	DATE		
	Filling Fee is \$61.25 Due by May 1, 2007	9. Election Ca	E: Registered Agent sign mpaign Financing Contribution.		\$5.00 May Be Added to Fees		ake check	payable to	
10.	Filing Fee is \$61.25	9. Election Cal Trust Fund (	mpaign Financing		\$5.00 May Be	Flor	ake check ida Depart	ment of St	ate
10. TITLE NAME	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Cal Trust Fund (	mpaign Financing Contribution.		\$5.00 May Be Added to Fees	Flor ES TO OFFICE	ake check ida Depart	ment of St	ate
TITLE	Filing Fee is \$61.25 Due by May 1, 2007  OFFICERS AND D  VP  COCHRANE, ELEZIBETH 2265 SILVER SANDS CT	9. Election Cal Trust Fund I	mpaign Financing Contribution.	PD	\$5.00 May Be Added to Fees	Flor ES TO OFFICE	ake check ida Depart	ment of St	10
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2007  OFFICERS AND D  VP  COCHRANE, ELEZIBETH 2265 SILVER SANDS CT  VERO BEACH, FL 32963 SD  FENTINE, AMANDA S 1120 BUCH HEAD DR SW	9. Election Cal Trust Fund I RECTORS	mpaign Financing Contribution.  11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD CON	\$5.00 May Be Added to Fees ADDITIONS/CHANGE HRAVE, ELL SAME	Flor ES TO OFFICE LZABES	lake check ida Depart RS AND DIF	RECTORS IN Change	10 Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee is \$61.25 Due by May 1, 2007  OFFICERS AND D  VP COCHRANE, ELEZIBETH 2265 SILVER SANDS CT VERO BEACH, FL 32963 SD FENTINE, AMANDA S 1120 BUCH HEAD DR SW VERO BEACH, FL 32968 PD BENKERT, O. ALBERT 725 SILVER SHORES RD VERO BEACH, FL 32963 TD FLICKINGER, ROBERT 438 CHALOUPE TERR	9. Election Car Trust Fund I  RECTORS  Delete  Delete  Delete  Delete	mpaign Financing Contribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE	SD PINE VEL PUR ISSUE TO THE	\$5.00 May Be Added to Fees ADDITIONS/CHANGE  HRAVE, ELE  CHANGE  BULLHEA  O BULLHEA  O BEACH,	Flores TO OFFICE IZABELLA PRODUCTION DE STATEMENTO DE STAT	A SW S S S S S S S S S S S S S S S S S S	Change  Change  Change	Addition  Addition  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 addless, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

2-7-07

231-8207

Daytime Phone #