


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-25-2007 90195 002 ****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	01222007 Chg-NP CR2E037 (12/06)	
4. FEI Number 20-0925004				Applied For <input type="checkbox"/> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 VPD NAME COCCHRANE, ELIZABETH STREET ADDRESS 2265 SILVERSANDS CT CITY- ST- ZIP VERO BEACH, FL 32963	<input type="checkbox"/> Delete		TITLE PD COCCHRANE, ELIZABETH STREET ADDRESS same CITY- ST- ZIP same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME PFENNING, AMANDA S STREET ADDRESS 1120 BUCKHEAD DR SW CITY- ST- ZIP VERO BEACH, FL 32968	<input type="checkbox"/> Delete		TITLE SD PFENNING, AMANDA STREET ADDRESS same CITY- ST- ZIP same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME BENKERT, ALBERT O STREET ADDRESS 726 SILVERSHORES RD CITY- ST- ZIP 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 TD NAME FLICKINGER, ROBERT N STREET ADDRESS 438 CHALOUPPE TERRACE CITY- ST- ZIP SEBASTIAN, FL 32958	<input type="checkbox"/> Delete		TITLE VPD FLICKINGER, Robert STREET ADDRESS same CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME FLICKINGER, ROBERT STREET ADDRESS 438 CHALOUPPE TERRACE CITY- ST- ZIP SEBASTIAN, FL 32958	<input checked="" type="checkbox"/> Delete		TITLE VPD Puffano, USA 137 Daisy Lane Sebastian, FL 32958 STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE TD IRISH, GEORGIA 244 Zane Ave Sebastian, FL 32958 STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input checked="" 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: <i>Georgia Irish</i> / GEORGIA IRISH			Date: 2-7-07		Daytime Phone #: 231-8207