


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

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

03-18-2005 90076 043 \*\*\*\*70.00

**DOCUMENT # N04000002911**

1. Entity Name  
**OBA PROFESSIONAL & SERVICE ASSOCIATES, INC.**



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

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

**66010310**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

02222005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**20-0925095**

Applied For  
 Not Applicable

5. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAUER, MARC 3244 OCEAN DR VERO BEACH, FL 32963 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHRISTINA M. TASCION 166 12TH PL. SE. VERO BEACH FL 32962-5728 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ANDERSON, ROBERT 340 E WAVERLY PLACE VERO BEACH, FL 32960 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON ROBERT 340 E. WAVERLY PLACE W 6D VERO BEACH FL 32960 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JORDAN, PATRICK 1801 US HWY 1 VERO BEACH, FL 32960 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.D./D. BENKERT O. ALBERT 275 DATE PALM BLVD VERO BEACH FL 32963-1552 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MACBRIDE, SHARON 571 BEACHLAND BLVD VERO BEACH, FL 32963 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OFFUTT, S. MARGAAT 4140 SILVER PALM DR VERO BEACH, FL 32963-1372 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CAHOY, RICHARD 3300 OCEAN DR VERO BEACH, FL 32963 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T.D FLICKINGER ROBERT 438 CHALOUPE TER. SEBASTIAN FL 32958 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIRELEY, RICHARD 3328 OCEAN 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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 K. Flickinger, Jr. TD 3-9-05 772-231-2088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #