

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002911

FILED
Apr 03, 2009
Secretary of State

Entity Name: OBA PROFESSIONAL & SERVICE ASSOCIATES, INC.

Current Principal Place of Business:

979 BEACHLAND BLVD
VERO BEACH, FL 32963

New Principal Place of Business:

Current Mailing Address:

P O BOX 3745
VERO BEACH, FL 32964

New Mailing Address:

FEI Number: 20-0925095 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FENNELL, TODD W
979 BEACHLAND BLVD
VERO BEACH, FL 32963 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COCHRANE, ELIZABETH
Address: 2265 SILVER SANDS CT
City-St-Zip: VERO BEACH, FL 32963

Title: S () Delete
Name: PRUGLE, PETER
Address: 5000 HWY A1A UNIT 105
City-St-Zip: VERO BEACH, FL 32963

Title: VP () Delete
Name: BENKERT, AL
Address: 726 SILVERSHORES ROAD
City-St-Zip: VERO BEACH, FL 32963

Title: TD () Delete
Name: IRISH, GEORGIA
Address: 266 ZANE AVE
City-St-Zip: SEBASTIAN, FL 32958

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PRINGLE, PETER
Address: 5000 HWY A1A WEST, UNIT 105
City-St-Zip: VERO BEACH, FL 32963

Title: S (X) Change () Addition
Name: LAVIOLETTE, HALA
Address: 1716 HWY A1A
City-St-Zip: VERO BEACH, FL 32963

Title: VP (X) Change () Addition
Name: COCHRAN, ELIZABETH
Address: 2265 SILVER SANDS CT
City-St-Zip: VERO BEACH, FL 32963

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: SANDFORD, CHARLES
Address: 3003 CARDINAL DRIVE
City-St-Zip: VERO BEACH, FL 32963

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER PRINGLE

PD

04/03/2009

Electronic Signature of Signing Officer or Director

Date