

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002911

FILED  
Apr 21, 2010  
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  
Name: BENKERT, AL  
Address: 726 SILVER SHORES ROAD  
City-St-Zip: VERO BEACH, FL 32963

Title: S  
Name: BATES, JENNIFER  
Address: 3384 OCEAN DRIVE  
City-St-Zip: VERO BEACH, FL 32963

Title: VP  
Name: SANFORD, CHARLES  
Address: 3003 CARDINAL DRIVE  
City-St-Zip: VERO BEACH, FL 32963

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

Title: VP  
Name: BIRELEY, MARTIN  
Address: 3328 OCEAN DRIVE  
City-St-Zip: VERO BEACH, FL 32963

I hereby 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 all other like empowered.

SIGNATURE: AL BENKERT

PD

04/21/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date