



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90082 011 ****61.25

DOCUMENT # N96000001386					
1. Entity Name OCEANSIDE BUSINESS ASSOCIATES, INC.					
Principal Place of Business 979 BEACHLAND BLVD. VERO BEACH, FL 32963		Mailing Address PO BOX 3745 VERO BEACH, FL 32963		40075010	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		 01222008 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0772322	Applied For Not Applicable
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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, 2008		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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COCHRANE, ELIZIBETH		NAME	SAME	
STREET ADDRESS	2205 SILVERSAND CT		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32963		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PFENNIF, AMANDA S		NAME	Secretary Peter Pruvyle	
STREET ADDRESS	1120 BUCKHEAD DR SW		STREET ADDRESS	500 HWY A1A Unit 105	
CITY-ST-ZIP	VERO BEACH, FL 32968		CITY-ST-ZIP	VERO BEACH, FL 32903	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUFFINO, USA		NAME		
STREET ADDRESS	137 DAISY LM		STREET ADDRESS		
CITY-ST-ZIP	SEBASTIAN, FL 32958		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FLICKINGER, ROBERT		NAME	VP AL BENKEET	
STREET ADDRESS	438 CHALOUPPE TLR		STREET ADDRESS	726 Silvershores Road	
CITY-ST-ZIP	SEBASTIAN, FL 32958		CITY-ST-ZIP	VERO BEACH FL 32903	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	IRISH, GEORGIA		NAME	SAME	
STREET ADDRESS	266 ZANE AVE		STREET ADDRESS		
CITY-ST-ZIP	SEBASTIAN, FL 32958		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 another like empowered.					
SIGNATURE: <i>Georgia Irish</i>			GEORGIA IRISH 4-3-08		772-231-8207
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #