# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Apr 02, 2007 08:00 AM**
**Secretary of State**

DOCUMENT # P02000131588

1. Entity Name
OBP SANDESTIN, INC.

Principal Place of Business
10800 LAKESIDE DRIVE
CORAL GABLES FL 33156

Mailing Address
PO BOX 2547
FORT MYERS FL 33902

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip | Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip | Country

4. FEI Number 55-0822662 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

ROSE, SUNDSTROM & BENTLEY, LLP
2548 BLAIRSTONE PINES DRIVE
TALLAHASSEE FL 32301

**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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2007 Fee Will Be $550.00**
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

| | |
|---|---|
| TITLE | PCEO ☐ Delete |
| NAME | SCHENKMAN, JOEL |
| STREET ADDRESS | 10800 LAKESIDE DRIVE |
| CITY-ST-ZIP | CORAL GABLES FL 33156 |
| TITLE | ☐ Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | ☐ Delete |
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| TITLE | ☐ Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

| | |
|---|---|
| TITLE | ☐ Change ☐ Addition |
| NAME | U00000687225 |
| STREET ADDRESS | 04/10/07-80030-005 150.00 |
| CITY-ST-ZIP | |
| TITLE | ☐ Change ☐ Addition |
| NAME | |
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| TITLE | ☐ Change ☐ Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, 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:** _____ 3-28-07 239-543-1005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #