

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 711161 (0)

1. Corporation Name

OLS HOME ASSOCIATION, INC.



Principal Place of Business

Mailing Address

P O BOX 861  
KILMARNOCH ROAD  
TITUSVILLE FL 32781-0861

P O BOX 861  
KILMARNOCH ROAD  
TITUSVILLE FL 32781-0861

3. Date Incorporated or Qualified 07/08/1966  
3a. Date of Last Report 01/30/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

23-7075601

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHIMSHOCK, LEO M  
1690 LOCKE ST  
TITUSVILLE FL 32780

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--|---|--|
| TITLE                      | VD<br>HEFFERNAN, JAMES E<br>572 GARDENIA CIR<br>TITUSVILLE, FL 00000 | 11 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |  | 12 NAME   |  |
| STREET ADDRESS             |  | 13 STREET ADDRESS                                     |  |
| CITY-ST-ZIP                |  | 14 CITY-ST-ZIP  |  |
| TITLE                      | PD<br>KETCHAM, CHARLES R<br>1959 SQUIRES CT.<br>TITUSVILLE FL        | 21 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |  | 22 NAME   |  |
| STREET ADDRESS             |  | 23 STREET ADDRESS                                     |  |
| CITY-ST-ZIP                |  | 24 CITY-ST-ZIP  |  |
| TITLE                      | TD<br>CASTO, HARRY<br>2661 DRIFTWOOD DRIVE<br>TITUSVILLE, FL 00000   | 31 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |  | 32 NAME   |  |
| STREET ADDRESS             |  | 33 STREET ADDRESS                                     |  |
| CITY-ST-ZIP                |  | 34 CITY-ST-ZIP  |  |
| TITLE                      | VD<br>PALLOTTI, ANTONIO R<br>2990 TIFFANY TERRACE<br>TITUSVILLE FL   | 41 TITLE  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |  | 42 NAME   | VD<br>BARKER, JOHN B.  |
| STREET ADDRESS             |  | 43 STREET ADDRESS                                     | 1295H CHERNEY HWY  |
| CITY-ST-ZIP                |  | 44 CITY-ST-ZIP  | TITUSVILLE, FL 32780   |
| TITLE                      | SD<br>BELDEN, GEORGE J<br>7150 N. COCOA BLVD.<br>COCOA FL            | 51 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |  | 52 NAME   |  |
| STREET ADDRESS             |  | 53 STREET ADDRESS                                     |  |
| CITY-ST-ZIP                |  | 54 CITY-ST-ZIP  |  |
| TITLE                      | <input type="checkbox"/> DELETE                                      | 61 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |  | 62 NAME   |  |
| STREET ADDRESS             |  | 63 STREET ADDRESS                                     |  |
| CITY-ST-ZIP                |  | 64 CITY-ST-ZIP  |  |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: HARRY E. CASTO, Harry E. Casto JAN 15, 1996 268-2764  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)