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Jan 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 711161 (0)

1. Corporation Name
OLS HOME ASSOCIATION, INC.



Principal Place of Business P O BOX 861 KILMARNOCH ROAD TITUSVILLE FL 32781-0861	Mailing Address P O BOX 861 KILMARNOCH ROAD TITUSVILLE FL 32781-0861
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3. Date Incorporated or Qualified 07/08/1966	3a. Date of Last Report 01/25/1996
4. FEI Number 23-7075601	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Subc. Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent SHIMSHOCK, LEO M 1690 LOCKE ST TITUSVILLE FL 32780	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VD	NAME HEFFERNAN, JAMES E	1.1 TITLE	1.2 NAME
STREET ADDRESS 572 GARDENIA CIR	CITY-ST-ZIP TITUSVILLE, FL 00000 32796	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
TITLE SD	NAME KETCHAM, CHARLES R	2.1 TITLE	2.2 NAME
STREET ADDRESS 1959 SQUIRES CT.	CITY-ST-ZIP TITUSVILLE FL	2.3 STREET ADDRESS 1959 SQUIRES CT.	2.4 CITY-ST-ZIP TITUSVILLE, FL. 32796
TITLE TD	NAME CASTO, HARRY	3.1 TITLE	3.2 NAME
STREET ADDRESS 2681 DRIFTWOOD DRIVE	CITY-ST-ZIP TITUSVILLE, FL 00000 32780	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE VD	NAME BARKER, JOHN B.	4.1 TITLE	4.2 NAME
STREET ADDRESS 1295H CHENEY HWY.	CITY-ST-ZIP TITUSVILLE FL 32780	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE SD	NAME BELDEN, GEORGE J	5.1 TITLE	5.2 NAME
STREET ADDRESS 7150 N. COCOA BLVD.	CITY-ST-ZIP COCOA FL	5.3 STREET ADDRESS 3450 KILMARNOCH RD.	5.4 CITY-ST-ZIP TITUSVILLE, FL. 32780
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Casto* **HARRY CASTO** JAN. 14, 1997, 407-268-2764
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0015136