

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 25, 1999 8:00am
Secretary of State

01-25-1999 90008 029 *****61.25



NONPROFIT CORPORATION
 ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 711161

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		07/08/1966	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		23-7075601	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/>	
Country		Country		30	
25		30		\$5.00 May Be Added to Fees	

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			
				85 Zip Code			
				FL			

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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEFFERNAN, JAMES E	1.2 NAME	
STREET ADDRESS	572 GARDENIA CIR	1.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE, FL 00000	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KETCHAM, CHARLES R	2.2 NAME	
STREET ADDRESS	1959 SQUIRES CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTO, HARRY	3.2 NAME	
STREET ADDRESS	2661 DRIFTWOOD DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE, FL 00000	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARKER, JOHN B.	4.2 NAME	
STREET ADDRESS	1295H CHENEY HWY.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL	4.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMPSON, RICHARD A	5.2 NAME	
STREET ADDRESS	3460 KILMARNOCH RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: _____ DATE: 1-8-99 DAYTIME PHONE #: 407-269-9964

CR2E037 (1/98)