

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90005 024 ****61.25

DOCUMENT # 711161

1. Entity Name
OLS HOME ASSOCIATION, INC.



Principal Place of Business
**P O BOX 861
KILMARNOCH ROAD
TITUSVILLE, FL 32781**

Mailing Address
**P O BOX 861
KILMARNOCH ROAD
TITUSVILLE, FL 32781**

24013177



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02032004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
23-7075601

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHIMSHOCK, LEO M
1690 LOCKE ST
TITUSVILLE, FL 32780**

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

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
HEFFERNAN, JAMES E
572 GARDENIA CIR
TITUSVILLE, FL 00000,**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
KETCHAM, CHARLES R
1959 SQUIRES CT
TITUSVILLE, FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
WEIST, EDWARD G
625 LAKEWOOD LANE
TITUSVILLE, FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SIMPSON, RICHARD A
3460 KILMARNOCH RD
TITUSVILLE, FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
ABATE, PAUL
1245 RANCHEAD AVE.
TITUSVILLE, FL 32780**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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12. 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 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 all other like empowered.

SIGNATURE:

Charles R Ketcham

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #