


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # 711161	
1. Entity Name	
OLS HOME ASSOCIATION, INC.	

Principal Place of Business	Mailing Address
P O BOX 861 KILMARNOCH ROAD TITUSVILLE FL 32781	P O BOX 861 KILMARNOCH ROAD TITUSVILLE FL 32781



2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc		Suite, Apt #, etc	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE	CR2E037 (10/05)
4. FEI Number	Applied For
23-7075601	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GRIFFO, FRANK D 1639 HARRISON 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 FRANK D. GRIFFO Frank D. Griff 1/31/06
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-electing) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VD	TITLE	
NAME	HEFFERNAN, JAMES E	NAME	
STREET ADDRESS	572 GARDENIA CIR	STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE, FL 00000	CITY-ST-ZIP	
TITLE	SD	TITLE	
NAME	KETCHAM, CHARLES R	NAME	
STREET ADDRESS	1959 SQUIRES CT	STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL	CITY-ST-ZIP	
TITLE	TD	TITLE	
NAME	WEIST, EDWARD G	NAME	
STREET ADDRESS	625 LAKEWOOD LANE	STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL	CITY-ST-ZIP	
TITLE	PD	TITLE	
NAME	SIMPSON, RICHARD A	NAME	
STREET ADDRESS	3460 KILMARNOCH RD	STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	ABATE, PAUL	NAME	
STREET ADDRESS	1245 RANCHEAD AVE.	STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL 32780	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 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 James E Heffernan James E Heffernan 1/31/06 (277) 220 42
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-electing) DATE