


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 P O BOX 861
 KILMARNOCH ROAD KILMARNOCH ROAD
 TITUSVILLE FL 32781 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

6. Name and Address of Current Registered Agent

GRIFFO, FRANK D
1639 HARRISON ST
TITUSVILLE FL 32780

7. Name and Address of New Registered Agent

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. Griffio* *1/31/06*

Signature: typed or printed name of registered agent and title if applicable (NOTE) Registered Agent signature required when reinstating DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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	VD	<input type="checkbox"/> Delete
NAME	HEFFERNAN, JAMES E	
STREET ADDRESS	572 GARDENIA CIR	
CITY-ST-ZIP	TITUSVILLE, FL 00000	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KETCHAM, CHARLES R	
STREET ADDRESS	1959 SQUIRES CT	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WEIST, EDWARD G	
STREET ADDRESS	625 LAKEWOOD LANE	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SIMPSON, RICHARD A	
STREET ADDRESS	3460 KILMARNOCH RD	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ABATE, PAUL	
STREET ADDRESS	1245 RANCHEAD AVE.	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS	110000418029	
CITY-ST-ZIP	02/11/06-80108-009 61.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
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* *2/1/06* *(271) 200 47*