


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # 711161 1. Entity Name OLS HOME ASSOCIATION, INC.	
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Principal Place of Business P O BOX 861 KILMARNOCH ROAD TITUSVILLE FL 32781	Mailing Address P O BOX 861 KILMARNOCH ROAD TITUSVILLE FL 32781
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/06)

City & State Zip	City & State Zip	4. FEI Number 23-7075601	Applied For Not Applicable
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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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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	
TITLE	VD HEFFERNAN, JAMES E <input type="checkbox"/> Delete
NAME	572 GARDENIA CIR
STREET ADDRESS	TITUSVILLE, FL 00000
CITY - ST - ZIP	
TITLE	SD KETCHAM, CHARLES R <input type="checkbox"/> Delete
NAME	1959 SQUIRES CT
STREET ADDRESS	TITUSVILLE FL
CITY - ST - ZIP	
TITLE	TD WEIST, EDWARD G <input type="checkbox"/> Delete
NAME	625 LAKEWOOD LANE
STREET ADDRESS	TITUSVILLE FL
CITY - ST - ZIP	
TITLE	PD SIMPSON, RICHARD A <input type="checkbox"/> Delete
NAME	3460 KILMARNOCH RD
STREET ADDRESS	TITUSVILLE FL
CITY - ST - ZIP	
TITLE	VD ABATE, PAUL <input type="checkbox"/> Delete
NAME	1245 RANHEAD AVE.
STREET ADDRESS	TITUSVILLE FL 32780
CITY - ST - ZIP	
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"/> Addition
NAME	U000000619080
STREET ADDRESS	02/08/07-80056-015 61.25
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 1-30-07 321-269-4218