

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711161

FILED  
Jan 15, 2009  
Secretary of State

Entity Name: OLS HOME ASSOCIATION, INC.

## Current Principal Place of Business:

P O BOX 861  
KILMARNOCH ROAD  
TITUSVILLE, FL 32781

## New Principal Place of Business:

3450 KILMARNOCH LANE  
TITUSVILLE, FL 32781

## Current Mailing Address:

P O BOX 861  
KILMARNOCH ROAD  
TITUSVILLE, FL 32781

## New Mailing Address:

FEI Number: 23-7075601      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GRIFFO, FRANK D  
1639 HARRISON ST  
TITUSVILLE, FL 32780      US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

## OFFICERS AND DIRECTORS:

Title: VD ( ) Delete  
Name: HEFFERNAN, JAMES E,  
Address: 572 GARDENIA CIR  
City-St-Zip: TITUSVILLE, FL 00000,

Title: SD ( ) Delete  
Name: KETCHAM, CHARLES R  
Address: 1959 SQUIRES CT  
City-St-Zip: TITUSVILLE, FL

Title: TD ( ) Delete  
Name: WEIST, EDWARD G  
Address: 625 LAKEWOOD LANE  
City-St-Zip: TITUSVILLE, FL

Title: PD ( ) Delete  
Name: SIMPSON, RICHARD A  
Address: 3460 KILMARNOCH RD  
City-St-Zip: TITUSVILLE, FL

Title: VD ( ) Delete  
Name: ABATE, PAUL  
Address: 1245 RANCHEAD AVE.  
City-St-Zip: TITUSVILLE, FL 32780

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES E. HEFFERNAN

VD

01/15/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date