

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711161

FILED
Mar 16, 2010
Secretary of State

Entity Name: OLS HOME ASSOCIATION, INC.

Current Principal Place of Business:

3450 KILMARNOCH LANE
TITUSVILLE, FL 32781

New Principal Place of Business:

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
Name: HEFFERNAN, JAMES E
Address: 572 GARDENIA CIR
City-St-Zip: TITUSVILLE, FL 00000,

Title: TD
Name: SYLVESTER, PETER
Address: 3350 LAKE HARNEY CL
City-St-Zip: GENEVA, FL 32732 US

Title: SD
Name: WEIST, EDWARD G
Address: 625 LAKEWOOD LANE
City-St-Zip: TITUSVILLE, FL

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

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

Title: VD
Name: KETCHAM, CHARLES R
Address: 3460 KILMARNOCH RD
City-St-Zip: TITUSVILLE, FL 32780

I hereby 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 all other like empowered.

SIGNATURE: PETER SYLVESTER

TD

03/16/2010

Electronic Signature of Signing Officer or Director

Date