

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90118 011 \*\*\*\*61.25

0072836

**DOCUMENT # 711161**

1. Entity Name

**OLS HOME ASSOCIATION, INC.**



Principal Place of Business

**P O BOX 861  
KILMARNOCH ROAD  
TITUSVILLE FL 32781**

Mailing Address

**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



CHECK HERE IF MAKING CHANGES

4. FEI Number **23-7075601**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SHIMSHOCK, LEO M  
1690 LOCKE 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

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**

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 NAME	<b>VD HEFFERNAN, JAMES E</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>572 GARDENIA CIR TITUSVILLE, FL 00000</b>	
TITLE NAME	<b>SD KETCHAM, CHARLES R</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>1959 SQUIRES CT TITUSVILLE FL</b>	
TITLE NAME	<b>TD CASTO, HARRY</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>2661 DRIFTWOOD DRIVE TITUSVILLE, FL 00000</b>	
TITLE NAME	<b>PD SIMPSON, RICHARD A</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>3460 KILMARNOCH RD TITUSVILLE FL</b>	
TITLE NAME	<b>VD ABATE, PAUL</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>1245 RANHEAD AVE. TITUSVILLE FL 32780</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<b>TD EDWARD G. WEIST</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	<b>625 LAKEWOOD LN. TITUSVILLE, FL.</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* **REQUIRED**

CR2E037 (10/02)