

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

REQUIRED

CR2E037 (10/02)