## **2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# 711161** 

Entity Name: OLS HOME ASSOCIATION, INC.

**Current Principal Place of Business:** 

3450 KILMARNOCH LANE TITUSVILLE. FL 32781

**Current Mailing Address:** 

P O BOX 861

TITUSVILLE, FL 32780 US

FEI Number: 23-7075601 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ABATE, PAUL T SR 1245 RANCHERO AVE TITUSVILLE, FL 32780 US

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: PAUL T ABATE SR 03/17/2019

Electronic Signature of Registered Agent

Officer/Director Detail:

Title PRES Title TREA

NameABATE, PAUL T SR.NameBUNDY, HAROLD E.Address1245 RANCHERO AVEAddress7834 WINDOVER WAYCity-State-Zip:TITUSVILLE, FL 32780City-State-Zip:TITUSVILLE FL 32780

Title EXECUTIVE SECRETARY Title DIRECTOR

NameNORTON, THOMAS JNameTESDALL, TERRY JR.Address303 READING AVEAddress3450 KILMARNOCH LANECity-State-Zip:TITUSVILLE FL 32781TITUSVILLE FL 32781

Title CORRESPONDING SECRETARY Title VP

Name SOIKA, STEVEN Name RIQUELME, JUAN C

Address 3450 KILMARNOCH LANE Address 3450 KILMARNOCH LANE

City-State-Zip: TITUSVILLE FL 32781 City-State-Zip: TITUSVILLE FL 32781

Title DIRECTOR

Name THERIAULT, RICARD
Address 3450 KILMARNOCH LANE

City-State-Zip: TITUSVILLE FL 32781

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: PAUL T ABATE SR PRESIDENT 03/17/2019

Electronic Signature of Signing Officer/Director Detail

Date

FILED Mar 17, 2019

**Secretary of State** 

0377788966CC

Date