

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711161

Entity Name: OLS HOME ASSOCIATION, INC.

Current Principal Place of Business:

3450 KILMARNOC 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

Date

Officer/Director Detail :

Title PRES
Name ABATE, PAUL T SR.
Address 1245 RANCHERO AVE
City-State-Zip: TITUSVILLE, FL 32780

Title TREA
Name BUNDY, HAROLD E.
Address 7834 WINDOVER WAY
City-State-Zip: TITUSVILLE FL 32780

Title EXECUTIVE SECRETARY
Name NORTON, THOMAS J
Address 303 READING AVE
City-State-Zip: TITUSVILLE FL 32796

Title DIRECTOR
Name TEDDALL, TERRY JR.
Address 3450 KILMARNOC LANE
City-State-Zip: TITUSVILLE FL 32781

Title CORRESPONDING SECRETARY
Name SOIKA, STEVEN
Address 3450 KILMARNOC LANE
City-State-Zip: TITUSVILLE FL 32781

Title VP
Name RIQUELME, JUAN C
Address 3450 KILMARNOC LANE
City-State-Zip: TITUSVILLE FL 32781

Title DIRECTOR
Name THERIAULT, RICARD
Address 3450 KILMARNOC 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