

2013 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:** Yes**Name and Address of Current Registered Agent:**ABATE, PAUL TSR
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

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

Title	TREA
Name	SYLVESTER, PETER
Address	3350 LAKE HARNEY CL
City-State-Zip:	GENEVA FL 32732

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

Title	PGK
Name	EHRIG, JOHN F
Address	1418 LITTLER DR
City-State-Zip:	TITUSVILLE FL 32780

Title	PDD
Name	OLKA, MICHAEL H
Address	3318 VIRGINIA DR
City-State-Zip:	TITUSVILLE FL 32796

Title	VP
Name	BRAUN, JAMES J
Address	4437 OLYMPIC DR
City-State-Zip:	COCOA FL 32927

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****01/21/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date