

FILE NOW: FILING FEE IS \$61.25

PS 10F2

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR -5 PM 12:45

**DOCUMENT # 750143 (0)**  
1. Corporation Name  
**OKALOOSA ISLAND LEASEHOLDERS ASSOCIATION, INC.**

Principal Place of Business

850 TARPON DR.  
PO BOX 1195  
FT WALTON BEACH FL 32548  
US

Mailing Address

PO BOX 1195  
PO BOX 1195  
FT WALTON BEACH FL 32549-1195  
US



**REINSTATEMENT 97-00**

3. Date Incorporated or Qualified **12/11/1979** 3a. Date of Last Report **03/11/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>59-1929840</b>		Applied For <input type="checkbox"/> Not Applicable	
21 Suite, Apt. #, etc.		26 P.O. Box 8116		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
23 Zip Country		28 Ft-Walton Beach, FL		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24 Zip Country		29 32548-8116 30 US					

9. Name and Address of Current Registered Agent

**SPEY, JOHN R**  
**850 TARPON DR.**  
**FT WALTON BCH. FL 32548**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>8000003212338--4</b>
83	<b>04/18/00 01040-003</b>
	<b>*****420.00 *****420.00</b>
84 City	<b>FL</b>
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *John R. Spey* (NOTE: Registered Agent signature required when reinstating) DATE **29 MAR 00**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPEY, JOHN R</b>	1.2 NAME	
STREET ADDRESS	<b>850 TARPON DR.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT WALTON BCH. FL</b>	1.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JORDAN, LOIS</b>	2.2 NAME	<b>Bomar, Bob</b>
STREET ADDRESS	<b>643 PELICAN DR.</b>	2.3 STREET ADDRESS	<b>623 Pelican Drive</b>
CITY-ST-ZIP	<b>FT WALTON BEACH FL</b>	2.4 CITY-ST-ZIP	<b>Ft Walton Beach, FL 32548</b>
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MITCHELL, MICHAEL</b>	3.2 NAME	<b>Mahone, Peggy</b>
STREET ADDRESS	<b>616 PELICAN DR.</b>	3.3 STREET ADDRESS	<b>630 Pelican Drive</b>
CITY-ST-ZIP	<b>FT WALTON BCH. FL</b>	3.4 CITY-ST-ZIP	<b>Ft. Walton Beach, FL 32548</b>
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LYON, WILLIAM E</b>	4.2 NAME	<b>Simpson, Jim</b>
STREET ADDRESS	<b>763 SAILFISH DR.</b>	4.3 STREET ADDRESS	<b>624B Pelican Drive</b>
CITY-ST-ZIP	<b>FT WALTON BEACH FL</b>	4.4 CITY-ST-ZIP	<b>Ft Walton Beach, FL 32548</b>
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DECKERT, RICHARD A.</b>	5.2 NAME	<b>Wise, Peggy</b>
STREET ADDRESS	<b>202 SOTIR ST.</b>	5.3 STREET ADDRESS	<b>823 Tarpon Drive</b>
CITY-ST-ZIP	<b>FT WALTON BCH. FL</b>	5.4 CITY-ST-ZIP	<b>Ft Walton Beach, FL 32548</b>
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHAMBLEE, CATHERINE B.</b>	6.2 NAME	<b>Myers, Keith</b>
STREET ADDRESS	<b>833 TARPON DR.</b>	6.3 STREET ADDRESS	<b>710 Sailfish Drive</b>
CITY-ST-ZIP	<b>FT WALTON BCH. FL</b>	6.4 CITY-ST-ZIP	<b>Ft Walton Beach, FL 32548</b>

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John R. Spey* SIGNATURE REQUIRED **29 MAR 00 850 2437634**

CR2E037 (9/96)

Attachment to Filing Fee form for the Okaloosa Island Leaseholders Association, Inc. dated March 29, 2000. Please add the following Director:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Jones, Cathy
1.3 STREET ADDRESS	431 Cardinal Ave
1.4 CITY-ST-ZIP	Ft Walton Beach, FL 32548