
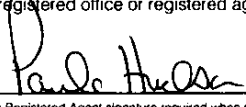
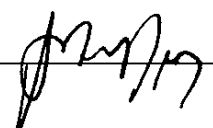
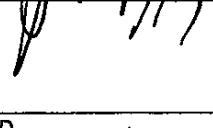
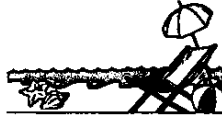


# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

|  |  |  |  |   |  |  |  |
|--|--|--|--|---|--|--|--|
| <b>DOCUMENT # 750143</b><br>1. Entity Name<br><b>OKALOOSA ISLAND LEASEHOLDERS ASSOCIATION, INC.</b>  |  |  |  |    |  | <b>FILED</b><br><b>07 JUL 16 PM 1:19</b><br>STATE OF FLORIDA                                       |  |
| Principal Place of Business<br><b>721 SAILFISH DRIVE</b><br><b>FORT WALTON BEACH, FL 32548 US</b>  |  |  |  | Mailing Address<br><b>P.O. BOX 8116</b><br><b>FT WALTON BEACH, FL 32548-8116 US</b>   |  |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>529 DOLPHIN AVE</b>   |  |  |  | 3. Mailing Address<br>Suite, Apt. #, etc.   |  |  |  |
| City & State<br><b>FORT WALTON BEACH, FL</b>   |  |  |  | City & State<br>Suite, Apt. #, etc.   |  |  |  |
| Zip<br><b>32548</b>  |  | Country<br><b>U.S.A.</b>                   |  | 4. FEI Number<br><b>59-1929840</b>  |  | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |  |  | <b>\$8.75 Additional Fee Required</b>   |  |  |  |
| <b>6. Name and Address of Current Registered Agent</b><br><b>BEDNAR, MARYLA</b><br><b>721 SAILFISH DRIVE</b><br><b>FORT WALTON BEACH, FL 32548</b>   |  |  |  | <b>7. Name and Address of New Registered Agent</b><br>Name <b>PAULA HUDSON</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>529 DOLPHIN AVE</b><br>City <b>FORT WALTON BEACH</b> <b>FL</b> Zip Code <b>32548</b> |  |  |  |
| 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 <b>PAULA HUDSON</b><br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |  |  |  |    |  | DATE <b>7-13-07</b><br><small>(NOTE: Registered Agent signature required when reinstating)</small> |  |
| <b>Amended AR is \$61.25</b>   |  |  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>  |  | <b>\$5.00 May Be Added to Fees</b>   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>HARRIS, CHARLENE<br>718 SAILFISH DRIVE<br>FORT WALTON BEACH, FL 32548 | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>400106409324</b><br><b>07/19/07--01056--013 **\$1.25</b>  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>BEDNAR, MARYLA<br>721 SAILFISH DR<br>FORT WALTON BEACH, FL 32548     | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>PD HUDSON, PAULA</b><br><b>529 DOLPHIN AVE</b><br><b>FT WALTON BEACH, FL 32548</b>   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>MITCHELL, MIKE<br>616 PELICAN DRIVE<br>FORT WALTON BEACH, FL 32548    | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>DV</b><br>   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br>SIMPSON, JIM<br>624B PELICAN DRIVE<br>FT WALTON BEACH, FL 32548       | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>FOSTER, KATHY<br>849 TARPON DR<br>FT WALTON BEACH, FL 32548           | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>D VALANTINE, LINDA</b><br><b>512 DORY AVE</b><br><b>FT WALTON BEACH, FL 32548</b>  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>JONES, CECIL<br>816 TARPON DR<br>FT WALTON BEACH, FL 32548            | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>D SCHAEFFLER, SCOTT</b><br><b>659 FAIRWAY AVE NE</b><br><b>FT WALTON BEACH, FL 32547</b>   |  |  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. |  |  |  |   |  |  |  |
| <b>SIGNATURE: PAULA HUDSON</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |  |  | DATE <b>7-13-07</b> (850) 243-8569<br><small>Daytime Phone #</small>  |  |  |  |



**OKALOOSA ISLAND LEASEHOLDERS ASSOCIATION, INC.  
P.O. BOX 8116  
FORT WALTON BEACH, FL 32548**

TO: Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

SUBJ: Amended 2007 Not-For-Profit Annual Report – Okaloosa Island Leaseholders Association,  
Document # 750143

DATE: July 13, 2007

Dear Sirs:

Attached is an amended 2007 Not-For-Profit Annual Report for the Okaloosa Island Leaseholders Association, Document #750143 and payment in the amount of \$61.25 for the filing fee.

Following is a continuation of Paragraphs 10 (Officers and Directors) and 11 (Additions/Changes to Officers and Directors in 10) to the attached report.

Please delete the following Director:

Title: DV  
Name: Corbo, Nick  
Street Address: 722 Sailfish Drive  
City/State/Zip: Fort Walton Beach, FL 32548

Please continue without change the following Director:

Title: D  
Name: Jensen, Cynthia L.  
Street Address: 517 Dorado Drive  
City/State/Zip: Fort Walton Beach, FL 32548

Please add the following Director:

Title: D  
Name: Dowd Jr, John  
Street Address: 509 Dory Ave  
City/State/Zip: Fort Walton Beach, FL 32548

If you have any questions concerning this amended annual report, please contact Jim Simpson, Treasurer, at (850) 301-3547, or email him at: [sanleanna@cox.net](mailto:sanleanna@cox.net).

Best regards,

Paula Hudson, President  
Okaloosa Island Leaseholders Association, Inc.  
(850) 243-8569