
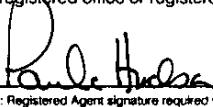
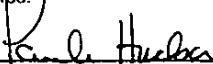


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90331 049 \*\*\*\*61.25

<b>DOCUMENT # 750143</b>					
<b>1. Entity Name</b> OKALOOSA ISLAND LEASEHOLDERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 529 DOLPHIN AVE FORT WALTON BEACH, FL 32548 US			<b>Mailing Address</b> P.O. BOX 8116 FT WALTON BEACH, FL 32548-8116 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-1929840	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
HUDSON, PAULA 529 DOLPHIN AVE FORT WALTON BEACH, FL 32548			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
<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.</b>					
SIGNATURE <u>PAULA HUDSON</u>				DATE <u>4/23/08</u>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Trust Fund Contribution.</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	D HARRIS, CHARLENE 718 SAILFISH DRIVE FORT WALTON BEACH, FL 32548	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	PD HUDSON, PAULA 529 DOLPHIN AVE FORT WALTON BEACH, FL 32548	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	DV MITCHELL, MIKE 616 PELICAN DRIVE FORT WALTON BEACH, FL 32548	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	T SIMPSON, JIM 624B PELICAN DRIVE FT WALTON BEACH, FL 32548	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	D VALENTINE, LINDA 512 DORY AVE FT WALTON BEACH, FL 32548	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	D SCHAEFFLER, SCOTT 659 FAIRWAY AVE NE FT WALTON BEACH, FL 32547	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<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>					
<b>SIGNATURE:</b> <u>PAULA HUDSON</u>				DATE <u>4/23/08</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE		Daytime Phone # <u>(850) 243-8569</u>	



ATTACHMENT  
40083826

**OKALOOSA ISLAND LEASEHOLDERS ASSOCIATION, INC.**

**P.O. BOX 8116**

**FORT WALTON BEACH, FL 32548**

**Webpage: www.oilaweb.com**

April 18, 2008

TO: Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

SUBJECT: 2008 Not-For-Profit Corporation Annual Report

Dear Sirs:

Attached are the 2008 Not-For-Profit Corporation Annual Report (Document #750143) for the Okaloosa Island Leaseholders Association, Inc. and the 2008 filing fee payment in the amount of \$61.25.

Please continue and/or add as indicated the following Directors/Officers to Block 11 of the attached report.

- **John Dowd, Jr.** is a carryover from the amended annual report filed July 16, 2007. There is no change in his status or data. Please continue him as follows:

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

- **Carmen Parker** is an addition as Secretary. Please add her as follows:

Title: S  
Name: **Parker, Carmen**  
Street Address: 708 Sailfish Drive  
City/State/Zip: Fort Walton Beach, FL 32548

Best regards,

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