

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750143

FILED  
Apr 17, 2011  
Secretary of State

**Entity Name:** OKALOOSA ISLAND LEASEHOLDERS ASSOCIATION, INC.

**Current Principal Place of Business:**

529 DOLPHIN AVE  
FORT WALTON BEACH, FL 32548 US

**New Principal Place of Business:**

590 SANTA ROSA BLVD  
UNIT NO. 602  
FORT WALTON BEACH, FL 32548 US

**Current Mailing Address:**

P.O. BOX 8116  
FT WALTON BEACH, FL 325488116 US

**New Mailing Address:**

P.O. BOX 8116  
FT WALTON BEACH, FL 32548 US

**FEI Number:** 59-1929840

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HUDSON, PAULA  
529 DOLPHIN AVE  
FORT WALTON BEACH, FL 32548 US

**Name and Address of New Registered Agent:**

MILLER, DAVID O  
590 SANTA ROSA BLVD  
UNIT NO. 602  
FORT WALTON BEACH, FL 32548 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: DAVID O. MILLER

04/17/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: MILLER, DAVID O  
Address: 590 SANTA ROSA BLVD #602  
City-St-Zip: FORT WALTON BEACH, FL 32548 US

Title: DV  
Name: TURNER, GLORIA  
Address: 865 BRANDE CT  
City-St-Zip: SHALIMAR, FL 32579 US

Title: DS  
Name: PARKER, CARMEN  
Address: 708 SAILFISH DR  
City-St-Zip: FT WALTON BEACH, FL 32548 US

Title: D  
Name: RUDDER, LOWRY  
Address: 809 TARPON DR  
City-St-Zip: FT WALTON BEACH, FL 32548 US

Title: D  
Name: TAYLOR, CATHY  
Address: 406 COBIA AVE  
City-St-Zip: FT WALTON BEACH, FL 32548 US

Title: D  
Name: EDLUND, CAROL  
Address: 453 CAVIAR DR  
City-St-Zip: FT WALTON BEACH, FL 32548 US

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: JAMES V. SIMPSON

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04/17/2011

Electronic Signature of Signing Officer or Director

Date