

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 750143

**Entity Name:** OKALOOSA ISLAND LEASEHOLDERS ASSOCIATION, INC.**Current Principal Place of Business:**240 BROOKS ST  
UNIT B302  
FORT WALTON BEACH, FL 32548**Current Mailing Address:**P.O. BOX 4323  
FT WALTON BEACH, FL 32549 US**FEI Number:** 59-1929840**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SIMPSON, JAMES V.  
240 BROOKS ST  
UNIT B302  
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:** JAMES V. SIMPSON

04/19/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	VP
Name	MILLER, DAVID O.
Address	590 SANTA ROSA BLVD UNIT 602
City-State-Zip:	FORT WALTON BEACH FL 32548

Title	D
Name	MCRAE, GLENN
Address	811 TARPON DRIVE
City-State-Zip:	FT WALTON BEACH FL 32548

Title	D
Name	HUNT, NANCY
Address	731 SAILFISH DRIVE
City-State-Zip:	FORT WALTON BEACH FL 32548

Title	DIRECTOR
Name	HANSON, DEAN
Address	554 CORAL COURT UNIT 403
City-State-Zip:	FORT WALTON BEACH FL 32548

Title	SECRETARY, TREASURER
Name	SIMPSON, JAMES VICTOR
Address	240 BROOKS ST UNIT B302
City-State-Zip:	FT WALTON BEACH FL 32548

Title	D
Name	DOMINIQUE, LYNN
Address	354 BILLFISH AVE UNIT 104
City-State-Zip:	FORT WALTON BEACH FL 32548

Title	D
Name	SCHOOLCRAFT, CAROL
Address	814 TARPON DRIVE
City-State-Zip:	FORT WALTON BEACH FL 32548

*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**SECRETARY TREASURER** 04/19/2018

Electronic Signature of Signing Officer/Director Detail

Date