

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750143

Entity Name: OKALOOSA ISLAND LEASEHOLDERS ASSOCIATION, INC.**Current Principal Place of Business:**529 DOLPHIN AVE
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:**HUDSON, PAULA
529 DOLPHIN AVE
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:** PAULA HUDSON

04/08/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DP
Name	HUDSON, PAULA
Address	529 DOLPHIN AVE
City-State-Zip:	FORT WALTON BEACH FL 32548

Title	DV
Name	PARKER, DESLEY
Address	890 THE MASTERS BLVD
City-State-Zip:	SHALIMAR FL 32579

Title	DT
Name	SIMPSON, JAMES V.
Address	624B PELICAN DRIVE
City-State-Zip:	FT WALTON BEACH FL 32548

Title	D
Name	FOSTER, KATHY
Address	849 TARPON DRIVE
City-State-Zip:	FT WALTON BEACH FL 32548

Title	D
Name	LABAHN, TRISHA
Address	330 BLUEFISH DRIVE, UNIT 204
City-State-Zip:	FT WALTON BEACH FL 32548

Title	D
Name	BRUNER, VINCE
Address	110 EGLIN PARKWAY SE
City-State-Zip:	FT WALTON BEACH FL 32548

Title	D
Name	TOLBERT, TRIPP
Address	1500 MIRACLE STRIP PKWY NE
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**DIRECTOR/TREASURER**

04/08/2014

Electronic Signature of Signing Officer/Director Detail

Date