

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

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DOCUMENT # 750143 1. Entity Name OKALOOSA ISLAND LEASEHOLDERS ASSOCIATION, INC.						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 08 SEP -9 AM 8:09	
Principal Place of Business 529 DOLPHIN AVE FORT WALTON BEACH, FL 32548 US				Mailing Address P.O. BOX 8116 FT WALTON BEACH, FL 32548-8116 US			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent HUDSON, PAULA 529 DOLPHIN AVE FORT WALTON BEACH, FL 32548				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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.				4. FEI Number 59-1929840			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable			
Signature: <u>PAULA HUDSON</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>				Date: <u>9/3/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE: D NAME: HARRIS, CHARLENE STREET ADDRESS: 718 SAILFISH DRIVE CITY-ST-ZIP: FORT WALTON BEACH, FL 32548 <input checked="" type="checkbox"/> Delete				TITLE: D NAME: MILLER, DAVID STREET ADDRESS: 590 SANTA ROSA BLVD, # 602 CITY-ST-ZIP: FT WALTON BEACH, FL 32548 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE: PD NAME: HUDSON, PAULA STREET ADDRESS: 529 DOLPHIN AVE CITY-ST-ZIP: FORT WALTON BEACH, FL 32548 <input type="checkbox"/> Delete				TITLE: DV NAME: TURNER, GLORIA STREET ADDRESS: 865 BRANDE CT CITY-ST-ZIP: SHALMAR, FL 32579 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE: DV NAME: MITCHELL, MIKE STREET ADDRESS: 616 PELICAN DRIVE CITY-ST-ZIP: FORT WALTON BEACH, FL 32548 <input checked="" type="checkbox"/> Delete				TITLE: T NAME: SIMPSON, JIM STREET ADDRESS: 624B PELICAN DRIVE CITY-ST-ZIP: FT WALTON BEACH, FL 32548 <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE: T NAME: VALENTINE, LINDA STREET ADDRESS: 512 DORY AVE CITY-ST-ZIP: FT WALTON BEACH, FL 32548 <input type="checkbox"/> Delete				TITLE: D NAME: SCHAEFFLER, SCOTT STREET ADDRESS: 659 FAIRWAY AVE NE CITY-ST-ZIP: FT WALTON BEACH, FL 32547 <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE: D NAME: SCHAEFFLER, SCOTT STREET ADDRESS: 659 FAIRWAY AVE NE CITY-ST-ZIP: FT WALTON BEACH, FL 32547 <input type="checkbox"/> Delete				TITLE: DV NAME: TURNER, GLORIA STREET ADDRESS: 865 BRANDE CT CITY-ST-ZIP: SHALMAR, FL 32579 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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.							
SIGNATURE: <u>PAULA HUDSON</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							
Date: <u>9-3-08</u> Daytime Phone #: <u>(880) 243-8569</u>							



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OKALOOSA ISLAND LEASEHOLDERS ASSOCIATION, INC.

P.O. BOX 8116

FORT WALTON BEACH, FL 32548

Webpage: www.oilaweb.com

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

SUBJECT: 2008 Not-For-Profit Corporation Amended Annual Report

DATE: September 3, 2008

Dear Sirs:

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

Please continue and/or change 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 April 28, 2008. 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

- Please change **Carmen Parker** as indicated

Officers and Directors

Additions/Changes To Officers & Directors in 10

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

Title: DS

Best regards,

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