

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750143

FILED
Mar 18, 2010
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:

Current Mailing Address:

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

New Mailing Address:

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:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: PD
Name: HUDSON, PAULA
Address: 529 DOLPHIN AVE
City-St-Zip: FORT WALTON BEACH, FL 32548 US

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

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

Title: D
Name: VALENTINE, LINDA
Address: 512 DORY AVE
City-St-Zip: FT WALTON BEACH, FL 32548 US

Title: D
Name: SCHAEFFLER, SCOTT
Address: 659 FAIRWAY AVE NE
City-St-Zip: FT WALTON BEACH, FL 32547 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

PD

03/18/2010

Electronic Signature of Signing Officer or Director

Date