

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09412

**FILED**  
**Jan 11, 2011**  
**Secretary of State**

**Entity Name:** WATERCREST OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

6201 THOMAS DRIVE  
PANAMA CITY BEACH, FL 32408

**New Principal Place of Business:**

**Current Mailing Address:**

6201 THOMAS DRIVE  
PANAMA CITY BEACH, FL 32408

**New Mailing Address:**

**FEI Number:** 59-2413827

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SLOAN, TIA  
427 MCKENZIE AVE  
PANAMA CITY, FL 32402 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: PD  
Name: MAYS, RAY  
Address: 15 IRIS LANE  
City-St-Zip: CROSSVILLE, TN 38555

Title: D  
Name: FREEMAN, ELZIE  
Address: 2317 MAGNOLIA DR.  
City-St-Zip: PANAMA CITY, FL 32408

Title: SD  
Name: WARD, FRED  
Address: 1424 SHEBA COURT  
City-St-Zip: COLUMBUS, GA 31904

Title: VD  
Name: SPLAWN, JIM  
Address: 3117 RADDONSTONE  
City-St-Zip: OWENS CROSS ROADS, AL 35763

Title: TD  
Name: HESS, MAUREEN  
Address: 138 LAIRD ROAD  
City-St-Zip: PANAMA CITY, FL 32408

Title: D  
Name: THOMASON, TERRY  
Address: 230 LITTLE SCARECORN  
City-St-Zip: TALKING ROCK, GA 30175

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: RAY MAYS

PD

01/11/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date