

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002613

FILED
Jan 26, 2009
Secretary of State

Entity Name: SEYCHELLES OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5115 GULF DRIVE
PANAMA CITY BEACH, FL 32408

New Principal Place of Business:

Current Mailing Address:

5115 GULF DRIVE
PANAMA CITY BEACH, FL 32408

New Mailing Address:

FEI Number: 20-4660551

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SLOAN, TIMOTHY J
427 MCKENZIE AVENUE
PANAMA CITY, FL 32401 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 () Delete
Name: SYFRETT, CLAYTON R
Address: P.O. BOX 1186
City-St-Zip: PANAMA CITY, FL 32402

Title: VD () Delete
Name: FULLER, CHUCK W
Address: P.O. BOX 28105
City-St-Zip: PANAMA CITY, FL 32411

Title: TD () Delete
Name: MINZNER, ALLAN
Address: 7991 CAPE SAN BLAS RD
City-St-Zip: PORT ST JOE, FL 32456

Title: SD () Delete
Name: BAKER, ERIC G
Address: P.O. BOX 28151
City-St-Zip: PANAMA CITY BEACH,, FL 32411

Title: D () Delete
Name: BRUSHER, JOHN H
Address: 304 FAN PALM PL
City-St-Zip: PANAMA CITY, FL 32408

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SYFRETT, CLAYTON R
Address: P.O. BOX 1186
City-St-Zip: PANAMA CITY, FL 32402

Title: PD (X) Change () Addition
Name: FULLER, CHUCK W
Address: P.O. BOX 28105
City-St-Zip: PANAMA CITY, FL 32411

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP/S (X) Change () Addition
Name: BAKER, ERIC G
Address: P.O. BOX 28151
City-St-Zip: PANAMA CITY BEACH,, FL 32411

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CHUCK FULLER

P

01/26/2009

Electronic Signature of Signing Officer or Director

Date