

2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000002613

FILED
Nov 16, 2010
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: TIMOTHY J. SLOAN

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: EASTEP, MIKE
Address: 5115 GULF DRIVE #1601
City-St-Zip: PANAMA CITY BEACH, FL 32408

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

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

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

Title: D
Name: SYFRETT, CLAYTON
Address: 5115 GULF DRIVE #1209
City-St-Zip: PANAMA CITY BEACH, FL 32408

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: CHUCK FULLER

PD

11/16/2010

Electronic Signature of Signing Officer or Director

Date