

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000002613

**FILED**  
**Jan 15, 2015**  
**Secretary of State**  
**CC9876066310**

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

**Current Principal Place of Business:**

5115 GULF DRIVE  
PANAMA CITY BEACH, FL 32408

**Current Mailing Address:**

546 MARY ESTHER CUT OFF  
SUITE 3  
FORT WALTON BEACH, FL 32548 US

**FEI Number:** 20-4660551

**Certificate of Status Desired:** No

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

SLOAN, TIMOTHY J  
427 MCKENZIE AVENUE  
PANAMA CITY, FL 32401 US

*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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            TURNER, BRIAN  
Address        1109 LENNY LANE  
City-State-Zip: CHATTANOOGA TN 37421

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

Title            SECRETARY  
Name            TONKIN, GREGG  
Address        66 ROAD 9042  
City-State-Zip: FORT PAYNE AL 35968

Title            VP  
Name            WILSON, JOHN (RICK)  
Address        5115 GULF DRIVE  
                  UNIT# 307  
City-State-Zip: PANAMA CITY BEACH FL 32408

Title            DIRECTOR  
Name            KEEBLER, GLENN  
Address        6960 STABLE DRIVE  
City-State-Zip: COLUMBUS GA 31909

*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:** BRIAN TURNER

**PRESIDENT**

**01/15/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date