

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000002613

**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	VP
Name	TURNER, BRIAN
Address	1109 LENNY LANE
City-State-Zip:	CHATTANOOGA TN 37421
Title	PRESIDENT
Name	BAKER, ERIC G
Address	P.O. BOX 20275
City-State-Zip:	PANAMA CITY BEACH, FL 32417
Title	DIRECTOR
Name	WILSON, JOHN (RICK)
Address	5115 GULF DRIVE UNIT# 307
City-State-Zip:	PANAMA CITY BEACH FL 32408

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

*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:** ERIC BAKER

**ASSOCIATION  
PRESIDENT**

**04/21/2014**

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

\_\_\_\_\_  
Date