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 W. FULLER

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N0600002613

Entity Name: SEYCHELLES OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5115 GULF DRIVE PANAMA CITY BEACH, FL 32408

Current Mailing Address:

5115 GULF DRIVE PANAMA CITY BEACH, FL 32408

FEI Number: 20-4660551

Name and Address of Current Registered Agent:

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

Date

Certificate of Status Desired: No

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

Officer/Director Detail :

Title	D	Title	PD
Name	TURNER, BRIAN	Name	FULLER, CHUCK W
Address	1109 LENNY LANE	Address	P.O. BOX 28105
City-State-Zip:	CHATTANOOGA TN 37421	City-State-Zip:	PANAMA CITY FL 32411
T '0.	TD	Title	
Title	TD	Title	VP/S
Name	MINZNER, ALLAN	Name	BAKER, ERIC G
Address	7991 CAPE SAN BLAS RD	Address	P.O. BOX 20275
City-State-Zip:	PORT ST JOE FL 32456	City-State-Zip:	PANAMA CITY BEACH, FL 32417
Title	D		
Name	TONKIN, GREGG		
Address	66 ROAD 9042		
City-State-Zip:	FORT PAYNE AL 35968		

PRESIDENT

04/05/2013

Date