

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09412

Entity Name: WATERCREST OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**6201 THOMAS DRIVE
PANAMA CITY BEACH, FL 32408**Current Mailing Address:**6201 THOMAS DRIVE
PANAMA CITY BEACH, FL 32408**FEI Number:** 59-2413827**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SLOAN, TIMOTHY J
427 MCKENZIE AVE
PANAMA CITY, FL 32402 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	Title	PRESIDENT
Name	FREEMAN, ELZIE	Name	SPLAWN, JIM
Address	2317 MAGNOLIA DR.	Address	3117 HADDONSTONE
City-State-Zip:	PANAMA CITY FL 32408	City-State-Zip:	OWENS CROSS ROADS AL 35763
Title	TREASURER	Title	SECRETARY
Name	WHITE, DANNY	Name	PARKER, LAMAR
Address	6201 THOMAS DRIVE #1801	Address	150 COOKVILLE ROAD
City-State-Zip:	PANAMA CITY BEACH FL 32408	City-State-Zip:	LEESBURG GA 31763
Title	DIRECTOR	Title	DIRECTOR
Name	WAHLGREN, ROBERT	Name	LINCH, KELLY
Address	2400 BAYVIEW AVE	Address	725 CAMELLIA DRIVE
City-State-Zip:	PANAMA CITY FL 32405	City-State-Zip:	LAGRANGE GA 30240
Title	DIRECTOR		
Name	BURGESS, CARL		
Address	6201 THOMAS DRIVE #1503		
City-State-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: JIM SPLAWN**PRESIDENT****01/08/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date