

**2017 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	PRESIDENT
Name	PARKER, LAMAR
Address	150 COOKVILLE ROAD
City-State-Zip:	LEESBURG GA 31763

Title	VP
Name	COONEY, GALE
Address	108 HARRISON PLACE
City-State-Zip:	PANAMA CITY FL 32405

Title	SECRETARY
Name	LINCH, KELLY
Address	725 CAMELLIA DRIVE
City-State-Zip:	LAGRANGE GA 30240

Title	DIRECTOR
Name	THOMAS, PAUL
Address	P.O. BOX 28182
City-State-Zip:	PANAMA CITY BEACH FL 32411

Title	TREASURER
Name	BURGESS, CARL
Address	6201 THOMAS DRIVE #1503
City-State-Zip:	PANAMA CITY BEACH FL 32408

Title	DIRECTOR
Name	PUGH, GAIL
Address	9592 BLUFF LAKE STREET
City-State-Zip:	ZEELAND MI 49464

Title	DIRECTOR
Name	IRELAND, ZANA
Address	2443 TRANSMITTER ROAD
City-State-Zip:	PANAMA CITY BEACH FL 32404

*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: CARL BURGESS****TREASURER****01/05/2017**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date