

2020 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	TREASURER
Name	COONEY, GALE
Address	108 HARRISON PLACE
City-State-Zip:	PANAMA CITY FL 32405

Title	DIRECTOR
Name	MCDONNELL, BARBARA
Address	6201 THOMAS DRIVE UNIT 1601
City-State-Zip:	PANAMA CITY BEACH FL 32408

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

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

Title	DIRECTOR
Name	BOWMAN, MARK
Address	1692 WEST CR 200 SOUTH
City-State-Zip:	NEW CASTLE IN 47362

Title	ASST. TREASURER
Name	REHBERG, CHARLES
Address	5408 OLD DAWSON ROAD
City-State-Zip:	ALBANY GA 31721

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: LAMAR PARKER**PRESIDENT****03/17/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date