

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

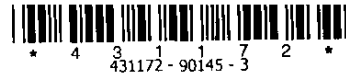
FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90145 003 ****61.25

DOCUMENT # N97000005002

1. Corporation Name

WATERCREST HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

4501 TAMiami TrL., N., STE. 400
NAPLES FL 34103

Mailing Address

4501 TAMiami TrL., N., STE. 400
NAPLES FL 34103



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 5801 PELICAN BAY BLVD.		26 5801 PELICAN BAY BLVD.		09/04/1997	
Suite, Apt. #, etc. 22 SUITE 300		Suite, Apt. #, etc. 27 SUITE 300		4. FEI Number APPLIED FOR	
City & State 23 NAPLES, FL		City & State 28 NAPLES, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 34108-2709		Country 25 COLLIER		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
WILSON, GARY K 4501 TAMiami TrL., N., STE. 400 NAPLES FL 34103				81 Name WILSON, GARY K.	
				82 Street Address (P.O. Box Number is Not Acceptable) 5801 PELICAN BAY BLVD.	
				83 SUITE 300	
				84 City NAPLES FL 85 Zip Code 34108-2709	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OUIVERSON, THOMAS H	1.2 NAME	
STREET ADDRESS	349 14TH AVE., S.	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34102	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, GARY K	2.2 NAME	
STREET ADDRESS	4501 TAMiami TrL., N., STE. 400	2.3 STREET ADDRESS	5801 PELICAN BAY BLVD., SUITE 300
CITY-ST-ZIP	NAPLES FL 34103	2.4 CITY-ST-ZIP	NAPLES, FL 34108-2709
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONE, DAVID A	3.2 NAME	
STREET ADDRESS	14323 S. OUTER 40 RD., STE. 120, S.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TOWN & COUNTRY MI 63017	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation.

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CR2E037 (11/98)