


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2005 8:00 am
Secretary of State


04-26-2005 90139 006 ****61.25

DOCUMENT # N97000005002	
1. Entity Name WATERCREST HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 2335 9TH STREET N SUITE 505 NAPLES FL 34103	Mailing Address 2335 9TH STREET N SUITE 505 NAPLES FL 34103
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

	
1st MOORE	CR2E037 (10/04)
4. FEI Number 43-1810230	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GULF VIEW PROPERTY MANAGEMENT INC. 2335 9TH STREET N. #504 SUITE 505 NAPLES FL 34103

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) 2335 9th St. N. #505	
City	Zip Code FL

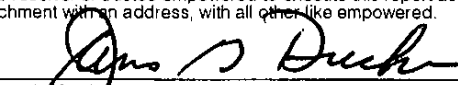
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D NAME BENHAM, TERRY STREET ADDRESS 2383 TURNBERRY CT. CITY-ST-ZIP NAPLES FL 34109	<input checked="" type="checkbox"/> Delete	TITLE VPD NAME Gorran, Gary STREET ADDRESS 2322 Cheshire Ln. CITY-ST-ZIP Naples, Fl. 34109	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME ALEXY, SUE STREET ADDRESS 2353 CHESHIRE LN. CITY-ST-ZIP NAPLES FL 34109	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME KALTMAN, ALLEN STREET ADDRESS 2318 CHESHIRE LANE CITY-ST-ZIP NAPLES FL 34-1098	<input checked="" type="checkbox"/> Delete	TITLE TD NAME Karp, Arnold STREET ADDRESS 2326 Cheshire Ln. CITY-ST-ZIP Naples, Fl. 34109	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE PD NAME RADER, JOHN STREET ADDRESS 2305 CASSIA CT. CITY-ST-ZIP NAPLES FL 34109	<input checked="" type="checkbox"/> Delete	TITLE PD NAME Carter, James STREET ADDRESS 2382 Turnberry Ct. CITY-ST-ZIP Naples, Fl. 34109	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SD NAME DRESCHER, JAMES STREET ADDRESS 2365 CHESHIRE LN. CITY-ST-ZIP NAPLES FL 34109	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **4-21-05 239-403-7991**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**