

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005002

FILED
Mar 09, 2009
Secretary of State

Entity Name: WATERCREST HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2335 9TH STREET N
SUITE 505
NAPLES, FL 34103

New Principal Place of Business:

CHESHIRE LANE
NAPLES, FL 34108

Current Mailing Address:

2335 9TH STREET N
SUITE 505
NAPLES, FL 34103

New Mailing Address:

FEI Number: 43-1810230 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GULF VIEW PROPERTY MANAGEMENT INC.
2335 9TH STREET N. #505
SUITE 505
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GORRAN, GARY
Address: 2322 CHESHIRE LN
City-St-Zip: NAPLES, FL 34109

Title: SD () Delete
Name: ALEX, SUE
Address: 2353 CHESHIRE LN.
City-St-Zip: NAPLES, FL 34109

Title: TD () Delete
Name: KARP, ARNOLD
Address: 2326 CHESHIRE LN.
City-St-Zip: NAPLES, FL 34109

Title: VPD () Delete
Name: CARTER, JAMES
Address: 2382 TURNBERRY CT
City-St-Zip: NAPLES, FL 34109

Title: D () Delete
Name: HILL, DONALD
Address: 2354 CHESHIRE LN
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GARY GORRAN

PD

03/09/2009

Electronic Signature of Signing Officer or Director

_____ Date