

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008961

FILED  
Feb 01, 2010  
Secretary of State

**Entity Name:** WATERCREST CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

6390 WATERCREST WAY  
BRADENTON, FL 34202

**New Principal Place of Business:**

6390 WATERCREST WAY  
LAKEWOOD RANCH, FL 34202

**Current Mailing Address:**

C/O BETH CALLANS MANAGEMENT CORP  
595 BAY ISLES ROAD SUITE 200  
LONGBOAT KEY, FL 34228

**New Mailing Address:**

**FEI Number:** 20-1806031      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BETH CALLANS MANAGEMENT CORPORATION  
595 BAY ISLES ROAD  
SUITE 200  
LONGBOAT KEY, FL 34228 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: P  
Name: TWIGGS, JERRY  
Address: 6482 WATERCREST WAY #302  
City-St-Zip: LAKEWOOD RANCH, FL 34202

Title: VP  
Name: LASH, JIM  
Address: 6458 WATERCREST WAY UNIT 202  
City-St-Zip: LAKEWOOD RANCH, FL 34202

Title: D  
Name: LIGHT, GILES  
Address: 6330 WATERCREST WAY #302  
City-St-Zip: LAKEWOOD RANCH, FL 34202

Title: D  
Name: DAVIDSON, ARTHUR  
Address: 6370 WATERCREST WAY UNIT #402  
City-St-Zip: LAKEWOOD RANCH, FL 34202

Title: SEC  
Name: SCHUER, STAN  
Address: 6380 WATERCREST WAY #301  
City-St-Zip: LAKEWOOD RANCH, FL 34202

Title: D  
Name: TRIGUERIO, CRAIG  
Address: 6406 WATERCREST WAY #202  
City-St-Zip: LAKEWOOD RANCH, FL 34202

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: JERRY TWIGGS

P

02/01/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date