

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000002409 1. Entity Name WATERCREST HOMEOWNERS ASSOCIATION OF ODESSA, INC.	
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Principal Place of Business 325 S BLVD TAMPA, FL 33606	Mailing Address 325 S BLVD TAMPA, FL 33606
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DO NOT WRITE IN THIS SPACE



01102007 No Chg-NP CR2E037 (4/06)

4. FEI Number 55-0906229	Applied For Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MOLLOY, DANIEL L 325 S BLVD TAMPA, FL 33606
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering.) DATE _____

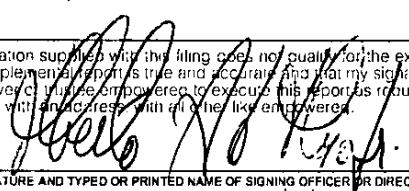
Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE ALEJO, NICHOLAS 5291 EHRLICH RD TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE ALEJO, ALBERTO A JR 5291 EHRLICH RD TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKELL, THOMAS E 5291 EHRLICH RD TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/23/07-80075-023 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 the like empowered.

SIGNATURE:  **1-18-2007** **813-265-8700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #