

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-26-2005 90156 047 \*\*\*\*61.25

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<b>DOCUMENT # N08968</b> 1. Entity Name <b>GULF CREST HOME OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>6985 SEMINOLE BLVD., #69 #69A SEMINOLE, FL 34642</b>			Mailing Address <b>6985 SEMINOLE BLVD., #69 #69A SEMINOLE, FL 34642</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2642393</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>NEISWINGER, DOYLYN</b> <b>6985 SEMINOLE BLVD</b> <b>LOT 78</b> <b>SEMINOLE, FL 33772</b>				Name <b>Talbott, Keith</b> Street Address (P.O. Box Number is Not Acceptable) <b>6985 Seminole Blvd</b> <b>Lot 6</b> City <b>Seminole</b>	
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.				DATE <b>4-22-05</b>	
SIGNATURE <b>KEITH TALBOTT</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>4-22-05</b> <b>PRESIDENT</b>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	BM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MUNTZ, CHARLES</b>		NAME		
STREET ADDRESS	<b>6985 SEMINOLE BLVD #80</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SEMINOLE, FL 33772</b>		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>NEISWINGER, DOYLYN</b>		NAME		
STREET ADDRESS	<b>6985 SEMINOLE BLVD., LOT 78</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SEMINOLE, FL 33772</b>		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LOUISO, ROBERT</b>		NAME		
STREET ADDRESS	<b>6985 SEMINOLE BLVD. #50</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SEMINOLE, FL 33772</b>		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>TALBOTT, KEITH</b>		NAME		
STREET ADDRESS	<b>6985 SEMINOLE BLVD #06</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SEMINOLE, FL 33772</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>L'ABBE, CAROL</b>		NAME		
STREET ADDRESS	<b>6985 SEMINOLE BLVD. #13</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SEMINOLE, FL 33772</b>		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>JANES, FRANCES</b>		NAME	<b>Leo Schivelbein</b>	
STREET ADDRESS	<b>6985 SEMINOLE BLVD #53</b>		STREET ADDRESS	<b>6985 Seminole Blvd #39</b>	
CITY-ST-ZIP	<b>SEMINOLE, FL 33772</b>		CITY-ST-ZIP	<b>Seminole, Fl. 33772</b>	
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: <b>KEITH TALBOTT</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>4-22-05</b>	
				Daytime Phone #	