

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90027 001 ****61.25



DOCUMENT # N08968
 1. Entity Name
GULF CREST HOME OWNERS ASSOCIATION, INC.

Principal Place of Business: **6985 SEMINOLE BLVD., #69 #69A SEMINOLE FL 34642**
 Mailing Address: **6985 SEMINOLE BLVD., #69 #69A SEMINOLE FL 34642**



2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State

4. FEI Number: **59-2642393**
 Applied For: Not Applicable

Zip: Country

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
KEITH, TALBOTT
6985 SEMINOLE BLVD
LOT 6
SEMINOLE FL 33772

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ **FL** Zip Code: _____

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: DOYLYN NEISWINGER *Doilyn Neiswinger* 3-11-2006
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW - FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	BM	<input type="checkbox"/> Delete
NAME	MUNTZ, CHARLES	
STREET ADDRESS	6985 SEMINOLE BLVD #80	
CITY-ST-ZIP	SEMINOLE FL 33772	
TITLE	STD	<input type="checkbox"/> Delete
NAME	NEISWINGER, DOYLYN	
STREET ADDRESS	6985 SEMINOLE BLVD., LOT 7B	
CITY-ST-ZIP	SEMINOLE FL 33772	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LOUISE, ROBERT	
STREET ADDRESS	6985 SEMINOLE BLVD. #50	
CITY-ST-ZIP	SEMINOLE FL 33772	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TALBOTT, KEITH	
STREET ADDRESS	6985 SEMINOLE BLVD #06	
CITY-ST-ZIP	SEMINOLE FL 33772	
TITLE	D	<input type="checkbox"/> Delete
NAME	L'ABBE, CAROL	
STREET ADDRESS	6985 SEMINOLE BLVD. #13	
CITY-ST-ZIP	SEMINOLE FL 33772	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHIVELBEIN, LEO	
STREET ADDRESS	6985 SEMINOLE BLVD #39	
CITY-ST-ZIP	SEMINOLE FL 33772	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDA NEWKIRK	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6985 SEMINOLE BLVD. #46	
CITY-ST-ZIP	SEMINOLE FL. 33772	

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

SIGNATURE: Charles W. Muntz, Business Manager 3/11/06