

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

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

04-24-2006 90463 026 ****61.25

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1. Entity Name

WATERCREST HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**2335 9TH STREET N
SUITE 505
NAPLES FL 34103**

Mailing Address

**2335 9TH STREET N
SUITE 505
NAPLES FL 34103**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

43-1810230

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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

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 **VPD** ☐ Delete
NAME **GORRAN, GARY**
STREET ADDRESS **2322 CHESHIRE LN**
CITY - ST - ZIP **NAPLES FL 34109**

TITLE **D** ☐ Delete
NAME **ALEX, SUE**
STREET ADDRESS **2353 CHESHIRE LN.**
CITY - ST - ZIP **NAPLES FL 34109**

TITLE **TD** ☐ Delete
NAME **KARP, ARNOLD**
STREET ADDRESS **2326 CHESHIRE LN.**
CITY - ST - ZIP **NAPLES FL 34109**

TITLE **PD** ☐ Delete
NAME **CARTER, JAMES**
STREET ADDRESS **2382 TURNBERRY CT**
CITY - ST - ZIP **NAPLES FL 34109**

TITLE **SD** ☒ Delete
NAME **DRESCHER, JAMES**
STREET ADDRESS **2365 CHESHIRE LN.**
CITY - ST - ZIP **NAPLES FL 34109**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **SD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **VPD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **Hill, Donald**
STREET ADDRESS **2354 Cheshire Ln.**
CITY - ST - ZIP **Naples, Fl. 34109**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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:

Gary M. Gorran

4-2-06 239-403-7991