


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2006 8:00 am**  
**Secretary of State**

01-12-2006 90200 047 \*\*\*\*61.25

<b>DOCUMENT # 743101</b>	
<b>1. Entity Name</b> TIKI HOUSE CONDOMINIUM, INC.	

<b>Principal Place of Business</b> 994 PANAMA COURT 1 MARCO ISLAND, FL 34145	<b>Mailing Address</b> 994 PANAMA COURT 1 MARCO ISLAND, FL 34145
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<b>2. Principal Place of Business</b> 904 PANAMA COURT Suite, Apt. #, etc. UNIT #1 City & State MARCO ISLAND FL Zip 34145 Country U.S.	<b>3. Mailing Address</b> 904 PANAMA COURT Suite, Apt. #, etc. UNIT #1 City & State MARCO ISLAND, FL Zip 34145 Country U.S.
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01062006 Chg-NP CR2E037 (11/05)

<b>4. FEI Number</b> 59-1875551	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b> MORRIS, WILLIAM G ESQ 247 N COLLIER BLVD 202 MARCO ISLAND, FL 34145	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> PD	<b>NAME</b> BUCHANAN, WILSON F <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 904 PANAMA COURT #1		<b>NAME</b>	
<b>CITY-ST-ZIP</b> MARCO ISLAND, FL 34145		<b>STREET ADDRESS</b>	
<b>TITLE</b> STD	<b>NAME</b> BUCHANAN, KATHERINE A <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 25574 ARROWHEAD DRIVE		<b>NAME</b>	
<b>CITY-ST-ZIP</b> MUNDELEIN, IL 60060		<b>STREET ADDRESS</b>	
<b>TITLE</b> D	<b>NAME</b> CADOTTE, ELIZABETH <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 904 PANAMA COURT #2		<b>NAME</b>	
<b>CITY-ST-ZIP</b> MARCO ISLAND, FL 34145		<b>STREET ADDRESS</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	

**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 other like empowered.

**SIGNATURE:** WILSON F. BUCHANAN 1/9/06 (239) 389-1933  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #