2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004087

FILED Apr 27, 2006 Secretary of State

Entity Name: BATIKI WEST CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1511 ESTERO BLVD FT MYERS BEACH, FL 33931 US **Current Mailing Address: New Mailing Address:** P O BOX 6017 15751 SAN CARLOS BLVD #8 FT MYERS BCH, FL 33932 US FT MYERS, FL 33908 FEI Number: 59-1587242 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: D G SUITOR & ASSOC INC D G SUITOR & ASSOC INC 100 LOVERS LANE 3RD FLOOR 15751 SAN CARLOS BLVD #8 FT MYERS BCH, FL 33931 FT MYERS, FL 33908 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. SIGNATURE: ROD MIDDELTON 04/27/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition GUILES, JON Name: Name: 1511 ESTERO BLVD. #508 Address: Address: City-St-Zip: FORT MYERS BEACH, FL 33931 City-St-Zip: Title: () Delete Title: (X) Change () Addition TURNER, LARRY Name: QUARTELLO, JAMES Name: Address: 185 HIGH STREET NE Address: 8644 WEST PALMER City-St-Zip: WARREN, OH 444811219 City-St-Zip: RIVERGROVE, IL 60171 Title: VC. () Delete Title: (X) Change () Addition FILM, CAROLYN FILM, CAROLYN Name: Name: 1511 ESTERO BLVD. #208 64 CARROLLS GROVE RD Address: Address: City-St-Zip: FORT MYERS BEACH, FL 33931 City-St-Zip: TROY, NY 12180 Title: () Delete Title: () Change () Addition BROWN, JOANNE Name: Name: Address: PO BOX 5087 Address: City-St-Zip: FORT MYERS BEACH, FL 33931 City-St-Zip: Title: () Delete Title: VΡ (X) Change () Addition HANSEN, BETTY Name: Name: HANSEN, GERALD 1511 ESTERO BLVD. #603 9974 TARHE DR Address: Address: City-St-Zip: FORT MYERS BEACH, FL 33931 City-St-Zip: MARBLEHEAD, OH 43440

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLYN FLIM P 04/27/2006