2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004087

FILED Apr 14, 2009 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:** C/O SUITOR AND ASSOCIATES 15751 SAN CARLOS BLVD #8 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 15751 SAN CARLOS BLVD #8 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition HANSEN, BETTY HANSEN, BETTY Name: Name: 9974 TARHE DR Address: 1511 ESTERO BLVD. #603 Address: City-St-Zip: MARBLEHEAD, OH 43440 FORT MYERS, FL 33931 City-St-Zip: () Delete Title: Title: (X) Change () Addition QUARTELLO, JIM Name: QUARTELLO, BETTY Name: Address: 1511 ESTERO BLVD #402 Address: 8644 WEST PALMER City-St-Zip: FT. MYERS BEACH, FL 33931 City-St-Zip: RIVERGROVE, IL 60171 Title: () Delete Title: () Change () Addition BROWN, JOANNE Name: Name: Address: P.O. BOX 5087 Address: City-St-Zip: FT. MYERS BEACH, FL 33932 City-St-Zip: Title: AS Title: AS (X) Change () Addition () Delete Name: FRANA, THERESA ASST. Name: SMITH, BRIAN ASST. 2501 SPRUCE STEET Address: Address: PO BOX 235 City-St-Zip: RIVER GROVE, IL 30171 City-St-Zip: HEYWORTH, IL 61745 Title: () Delete Title: () Change () Addition GUILES, JON Name: Name: PO BOX 2706 Address: Address: City-St-Zip: FT. MYERS BEACH, FL 33932 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: C. R. MIDDLETON MGR 04/14/2009