

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P97000098403**

1. Corporation Name

**BATEMAN COMMUNITIES OF S.W. FLORIDA, INC.**

Principal Place of Business

8465 MYSTIC GREENS WAY  
SUITE 2201  
NAPLES FL 34113  
US

Mailing Address

8465 MYSTIC GREENS WAY  
SUITE 2201  
NAPLES FL 34113  
US

2. Principal Place of Business

**21 4375 Dover Court**

Suite, Apt. #, etc.

**22 Suite #102**

City & State

**23 Naples, FL**

Zip

**24 34105**

Country

**25 U.S.A.**

2a. Mailing Address

**26 4375 Dover Court**

Suite, Apt. #, etc.

**27 Suite #102**

City & State

**28 Naples, FL**

Zip

**29 34105**

Country

**30 U.S.A.**

9. Name and Address of Current Registered Agent

**PRICE, R S  
2640 GOLDEN GATE PARKWAY  
SUITE 315  
NAPLES FL 34105-3203**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                                      |                                 |                    |                                     |  |
|----------------|--------------------------------------|---------------------------------|--------------------|-------------------------------------|--|
| TITLE          | <b>PD</b>                            | <input type="checkbox"/> DELETE | 1.1 TITLE          | <b>PD</b>                           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>BATEMAN ARTHUR L</b>              |                                 | 1.2 NAME           | <b>Bateman, Arthur L.</b>           |  |
| STREET ADDRESS | <b>8465 MYSTIC GREENS WAY, #2201</b> |                                 | 1.3 STREET ADDRESS | <b>4375 Dover Court, Suite #102</b> |  |
| CITY-ST-ZIP    | <b>NAPLES FL 34113</b>               |                                 | 1.4 CITY-ST-ZIP    | <b>Naples, FL 34105</b>             |  |
| TITLE          |                                      | <input type="checkbox"/> DELETE | 2.1 TITLE          |                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                      |                                 | 2.2 NAME           |                                     |  |
| STREET ADDRESS |                                      |                                 | 2.3 STREET ADDRESS |                                     |  |
| CITY-ST-ZIP    |                                      |                                 | 2.4 CITY-ST-ZIP    |                                     |  |
| TITLE          |                                      | <input type="checkbox"/> DELETE | 3.1 TITLE          |                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                      |                                 | 3.2 NAME           |                                     |  |
| STREET ADDRESS |                                      |                                 | 3.3 STREET ADDRESS |                                     |  |
| CITY-ST-ZIP    |                                      |                                 | 3.4 CITY-ST-ZIP    |                                     |  |
| TITLE          |                                      | <input type="checkbox"/> DELETE | 4.1 TITLE          |                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                      |                                 | 4.2 NAME           |                                     |  |
| STREET ADDRESS |                                      |                                 | 4.3 STREET ADDRESS |                                     |  |
| CITY-ST-ZIP    |                                      |                                 | 4.4 CITY-ST-ZIP    |                                     |  |
| TITLE          |                                      | <input type="checkbox"/> DELETE | 5.1 TITLE          |                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                      |                                 | 5.2 NAME           |                                     |  |
| STREET ADDRESS |                                      |                                 | 5.3 STREET ADDRESS |                                     |  |
| CITY-ST-ZIP    |                                      |                                 | 5.4 CITY-ST-ZIP    |                                     |  |
| TITLE          |                                      | <input type="checkbox"/> DELETE | 6.1 TITLE          |                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                      |                                 | 6.2 NAME           |                                     |  |
| STREET ADDRESS |                                      |                                 | 6.3 STREET ADDRESS |                                     |  |
| CITY-ST-ZIP    |                                      |                                 | 6.4 CITY-ST-ZIP    |                                     |  |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Arthur L. Bateman* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-99 / 941-430-1012

Daytime Phone #

FILED  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90151 022 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/17/1997**

4. FEI Number

**65-0797254**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

7. This corporation owes the current year Intangible

Personal Property Tax.  Yes  No

CR2E034 (11/98)