

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90231 007 \*\*\*150.00

**DOCUMENT # P97000098403**

1. Entity Name  
**BATEMAN COMMUNITIES OF S.W. FLORIDA, INC.**



Principal Place of Business  
**4770 ALBERTON COURT  
SUITE #2602  
NAPLES, FL 34105 US**

Mailing Address  
**4770 ALBERTON COURT  
SUITE #2602  
NAPLES, FL 34105 US**



2. Principal Place of Business  
**2245 Venetian Court**

3. Mailing Address  
**2245 Venetian Court**

Suite, Apt. #, etc.  
**Building 4**

Suite, Apt. #, etc.  
**Building 4**

City & State  
**Naples, FL**

City & State  
**Naples, FL**

02212006 Chg-P CR2E034 (11/05)

Zip  
**34109**

Country  
**USA**

Zip  
**34109**

Country  
**USA**

4. FEI Number  
**65-0797254**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**BATEMAN, ARTHUR L  
4770 ALBERTON COURT  
SUITE #2602  
NAPLES, FL 34105**

**7. Name and Address of New Registered Agent**

Name  
**Bateman, Arthur L.**

Street Address (P.O. Box Number is Not Acceptable)  
**2245 Venetian Court**

**Building 4**

City  
**Naples**

**FL**

Zip Code  
**34109**

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]*

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

(NOTE: Registered Agent signature required when reinstating)

**3-13-06**

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
**PTSD** ☐ Delete  
NAME  
**BATEMAN, ARTHUR L**  
STREET ADDRESS  
**4770 ALBERTON COURT, SUITE #2602**  
CITY-ST-ZIP  
**NAPLES, FL 34105**

TITLE  
**V** ☐ Delete  
NAME  
**DERSCH, JOYCE**  
STREET ADDRESS  
**4770 ALBERTON COURT, SUITE #2602**  
CITY-ST-ZIP  
**NAPLES, FL 34105**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**2245 Venetian Court, Bldg 4  
Naples, FL 34109**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**2245 Venetian Court, Bldg 4  
Naples, FL 34109**

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

TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

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

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 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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-13-06**

Date

Daytime Phone #

**(239) 430-7012**