

**2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Sep 01, 2010**  
**Secretary of State**

DOCUMENT# N05000011664

**Entity Name:** BOTANICAL PLACE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**C/O RESORT MANAGEMENT  
2685 HORSESHOE DR STE 215  
NAPLES, FL 34104**New Principal Place of Business:**C/O RESORT MANAGEMENT  
2685 HORSESHOE DR. S. STE 215  
NAPLES, FL 34104**Current Mailing Address:**C/O RESORT MANAGEMENT  
2685 HORSESHOE DR STE 215  
NAPLES, FL 34104**New Mailing Address:**C/O RESORT MANAGEMENT  
2685 HORSESHOE DR. S. STE 215  
NAPLES, FL 34104**FEI Number:** 20-3907186**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**WALTMAN, CARL  
4393 BEECHWOOD LAKE DRIVE  
NAPLES, FL 34112 US**Name and Address of New Registered Agent:**LAW OFFICE OF JAMIE GREUSEL  
1104 N. COLLIER BLVD  
MARCO ISLAND, FL 34145 US

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: JAMIE GREUSEL

09/01/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: WOOD, YVONNE  
Address: 4530 BOTANICAL PLACE CIRCLE #101  
City-St-Zip: NAPLES, FL 34112

Title: S  
Name: ESPENSHADE, REGINA  
Address: 4465 BOTANICAL PLACE CIRCLE #A  
City-St-Zip: NAPLES, FL 34112

Title: P  
Name: WALTMAN, CARL  
Address: 4393 BEECHWOOD LAKE DRIVE  
City-St-Zip: NAPLES, FL 34112

Title: T  
Name: WHEELER, ELMER  
Address: 2667 LAKEVIEW DRIVE  
City-St-Zip: NAPLES, FL 34112

Title: VP  
Name: WORLEY, SHARON  
Address: 1283 CYPRESS WOODS DRIVE  
City-St-Zip: NAPLES, FL 34103

I hereby 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 all other like empowered.

SIGNATURE: CARL WALTMAN

P

09/01/2010

Electronic Signature of Signing Officer or Director

Date