

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 14, 2011
Secretary of State

Entity Name: BOTANICAL PLACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O RESORT MANAGEMENT
2685 HORSESHOE DR. S. STE 215
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

C/O RESORT MANAGEMENT
2685 HORSESHOE DR. S. STE 215
NAPLES, FL 34104

New Mailing Address:

FEI Number: 20-3907186

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAW OFFICE OF JAMIE GREUSEL
1104 N. COLLIER BLVD
MARCO ISLAND, FL 34145 US

Name and Address of New Registered Agent:

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:

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

Title: S
Name: NAVE, JANET
Address: 4420 BOTANICAL PLACE CIRCLE
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

04/14/2011

Electronic Signature of Signing Officer or Director

Date