

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011664

FILED
Apr 17, 2012
Secretary of State

Entity Name: BOTANICAL PLACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O COMPASS MANAGEMENT GROUP
3701 TAMIAMI TRAIL N
NAPLES, FL 34103

New Principal Place of Business:

C/O KW PROPERTY MANAGEMENT
3358 WOODS EDGE CIRCLE SUITE 102
BONITA SPRINGS, FL 34134

Current Mailing Address:

C/O COMPASS MANAGEMENT GROUP
3701 TAMIAMI TRAIL N
NAPLES, FL 34103

New Mailing Address:

C/O KW PROPERTY MANAGEMENT
3358 WOODS EDGE CIRCLE SUITE 102
BONITA SPRINGS, FL 34134

FEI Number: 20-3907186

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMPASS MANAGEMENT GROUP
3701 TAMIAMI TRAIL N
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

GOEDE&ADAMCZYK, PLLC
8950 FONTANA DEL SOL WAY
100
NAPLES, FL 34109 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: ZM

04/17/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: ROBICHAUD, DENNIS
Address: 3358 WOODS EDGE CIRCLE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: S
Name: NAVE, JANET
Address: 3358 WOODS EDGE CIRCLE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: T
Name: LESH, DAN
Address: 3358 WOODS EDGE CIRCLE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VP
Name: WORLEY, SHARON
Address: 3358 WOODS EDGE CIRCLE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D
Name: BRACELAND, PAUL
Address: 3358 WOODS EDGE CIRCLE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: N/A
Name: N/A, N/A
Address: 3358 WOODS EDGE CIRCLE
City-St-Zip: BONITA SPRINGS, FL 34134

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: ON BEHALF OF BOD

ZM

04/17/2012

Electronic Signature of Signing Officer or Director

Date