


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000002900 1. Entity Name BOTANICA ESTATES HOMEOWNERS ASSOCIATION, INC.	
--	---

Principal Place of Business P.O. BOX 4613 SEMINOLE, FL 33775-4613	Mailing Address P.O. BOX 4613 SEMINOLE, FL 33775-4613
---	---

DO NOT WRITE IN THIS SPACE



04202005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3567437	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**RILEY, JOHN K.
10038 BOTANICA DRIVE
SEMINOLE, FL 33778**

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000330007 04/25/05-R0171-002 \$1.25
---	---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FULLERTON, KENNETH 12730 PELORIA COURT SEMINOLE, FL 33778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RILEY, JOHN K 10038 BOTANICA DRIVE SEMINOLE, FL 33778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DYS DRESLIN, DONNA 12745 PELORIA COURT SEMINOLE, FL 33778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 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 617, 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: *Donna Dreslin* **4/20/05 (727) 480-8739**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #