


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N98000002900</b>	
1. Entity Name <b>BOTANICA ESTATES HOMEOWNERS ASSOCIATION, INC.</b>	

Principal Place of Business <b>10006 BOTANICA DRIVE SEMINOLE, FL 33778</b>	Mailing Address <b>P.O. BOX 4613 SEMINOLE, FL 33775-4613</b>
---	---

DO NOT WRITE IN THIS SPACE



02012008 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent	
<b>KSHATRI, ATUL 10006 BOTANICA DRIVE SEMINOLE, FL 33778</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-nating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HECHT, GIDEON 12716 PELORIA COURT SEMINOLE, FL 33778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KSHATRI, ATUL 10006 BOTANICA DRIVE SEMINOLE, FL 33778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS LEONARD, LISA 10134 BOTANICA DRIVE SEMINOLE, FL 33778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000821149  
02/19/08-80012-012 61.25

DO NOT WRITE IN THIS SPACE

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 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.

<b>SIGNATURE:</b> 	<b>ATUL KSHATRI</b>	<b>2-8-08</b>	<b>721-517-1177</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #