

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002900

FILED
Mar 05, 2009
Secretary of State

Entity Name: BOTANICA ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

10006 BOTANICA DRIVE
SEMINOLE, FL 33778

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4613
SEMINOLE, FL 337754613

New Mailing Address:

FEI Number: 59-3567437

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KSHATRI, ATUL
10006 BOTANICA DRIVE
SEMINOLE, FL 33778 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: DV () Delete
Name: HECHT, GIDEON
Address: 12716 PELORIA COURT
City-St-Zip: SEMINOLE, FL 33778

Title: DP () Delete
Name: KSHATRI, ATUL
Address: 10006 BOTANICA DRIVE
City-St-Zip: SEMINOLE, FL 33778

Title: DTS () Delete
Name: LEONARD, LISA
Address: 10134 BOTANICA DRIVE
City-St-Zip: SEMINOLE, FL 33778

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LISA LEONARD

DTS

03/05/2009

Electronic Signature of Signing Officer or Director

Date