

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90024 016 ****61.25

DOCUMENT # N99000002935

1. Entity Name

BOTANICA COMMUNITY ASSOCIATION, INC.



Principal Place of Business

**7448 BOTANICA PARKWAY
SARASOTA FL 34238**

Mailing Address

**C/O ARGUS PROPERTY MANAGEMENT
2477 STICKNEY PT RD, # 118A
SARASOTA FL 34231**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-3593793

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CROSS, DARLENE
% ARGUS PROPERTY MANAGEMENT INC
2477 STICKNEY POINT RD., SUITE 118A
SARASOTA FL 34231**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 registering)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP ENGLER, STEVE 5257 BOUCHARD CIR SARASOTA FL 34238	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VPD ANDERSON, DON 5214 PARISIENNE PL SARASOTA FL 34238	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	ST LEWELLEN, BILL 7476 BOTANICA PKWY SARASOTA FL 34238	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	AS CROSS, DARLENE 2477 STICKNEY PT RD, # 118A SARASOTA FL 34231	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Engler	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Ken Cardwell P 5200 Parisienne Place Sarasota FL 34238	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Cheryl Ratka ST 7451 Botanica Parkway Sarasota FL 34238	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:

Darlene Cross AS DARLENE CROSS 2/28/07 941-927-6464

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #