

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90037 015 \*\*\*\*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 (10/07)

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

Name

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

City

**FL**

Zip Code

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

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

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2008**

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 **VP** ☒ Delete  
NAME **ENGBER, STEVE**  
STREET ADDRESS **5257 BOUCHARD CIR**  
CITY-ST-ZIP **SARASOTA FL 34238**

TITLE **P** ☐ Delete  
NAME **CARDWELL, KEN**  
STREET ADDRESS **5200 PARSINNA PLACE**  
CITY-ST-ZIP **SARASOTA FL 34238**

TITLE **ST** ☐ Delete  
NAME **RALYA, CHERYL**  
STREET ADDRESS **7451 BOTANIC PKWY**  
CITY-ST-ZIP **SARASOTA FL 34238**

TITLE **AS** ☐ Delete  
NAME **CROSS, DARLENE**  
STREET ADDRESS **2477 STICKNEY PT RD, # 118A**  
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ☒ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Ed Christensen** ☐ Change ☒ Addition  
NAME  
STREET ADDRESS **5246 Bouchard Circle**  
CITY-ST-ZIP **Sarasota FL 34238**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**

**3/31/08**

**941-927-6464**