

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011664

Entity Name: BOTANICAL PLACE CONDOMINIUM ASSOCIATION, INC.

FILED
Mar 23, 2023
Secretary of State
9538409473CC

Current Principal Place of Business:

COMPASS ROSE MANAGEMENT
1010 NE 9TH STREET SUITE A
CAPE CORAL, FL 33909

Current Mailing Address:

COMPASS ROSE MANAGEMENT
1010 NE 9TH STREET SUITE A
CAPE CORAL, FL 33909 US

FEI Number: 20-3907186

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COMPASS ROSE MANAGEMENT
COMPASS ROSE MANAGEMENT
1010 NE 9TH STREET SUITE A
CAPE CORAL, FL 33909 US

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: BETH ESTENSON

03/23/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name MAHAR, THOMAS
Address C/O COMPASS ROSE MANAGEMENT
1010 NE 9TH STREET SUITE A
City-State-Zip: CAPE CORAL FL 33909

Title VP
Name DINICOLA, DAVID
Address C/O COMPASS ROSE MANAGEMENT
1010 NE 9TH STREET SUITE A
City-State-Zip: CAPE CORAL FL 33909

Title TREASURER
Name BURNS, LAURA
Address C/O COMPASS ROSE MANAGEMENT
1010 NE 9TH STREET SUITE A
City-State-Zip: CAPE CORAL FL 33909

Title SECRETARY
Name BERTUCCI, CESARE
Address C/O COMPASS ROSE MANAGEMENT
1010 NE 9TH STREET SUITE A
City-State-Zip: CAPE CORAL FL 33909

Title PRESIDENT
Name ESTENSON, BETH
Address C/O COMPASS ROSE MANAGEMENT
1010 NE 9TH STREET SUITE A
City-State-Zip: CAPE CORAL FL 33909

I hereby 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 all other like empowered.

SIGNATURE: BETH ESTENSON

PRESIDENT

03/23/2023

Electronic Signature of Signing Officer/Director Detail

Date