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Apr 25 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 744374 (0)

1. Corporation Name

BO-MAR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

703 S.E. 7TH. STREET  
CAPE CORAL FL 33990

703 S.E. 7TH. STREET  
CAPE CORAL FL 33990-2854



3. Date Incorporated or Qualified  
09/25/1978

3a. Date of Last Report  
04/19/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BORES, KAZMER JOHN  
703 S.E. 7TH. STREET  
CAPE CORAL, FL. 33990

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME BORES, KAZMER JOHN  
STREET ADDRESS 703 S.E. 7TH. ST.  
CITY-ST-ZIP CAPE CORAL FL  
☐ DELETE

TITLE STD  
NAME MARTIN, GRANT  
STREET ADDRESS 703 S.E. 7TH. ST.  
CITY-ST-ZIP CAPE CORAL FL  
☒ DELETE

TITLE D  
NAME ODLER, FRANCES A.  
STREET ADDRESS 1714 CAPE CORAL PARKWAY  
CITY-ST-ZIP CAPE CORAL FL  
☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
☐ Change ☐ Addition

2.1 TITLE STD  
2.2 NAME MARTIN, JANE M.  
2.3 STREET ADDRESS 703 SE 7th. St.  
2.4 CITY-ST-ZIP CAPE CORAL FL 33990  
☒ Change ☐ Addition

3.1 TITLE D  
3.2 NAME DONALD J. BORES  
3.3 STREET ADDRESS 6727 FISHER FARM LN  
3.4 CITY-ST-ZIP CHARLOTTE NC 28277  
☒ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

KAZMER JOHN BORES

4-16-97

941-574-5474

CR2E037 (9/96)