

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 744374

1. Entity Name

BO-MAR CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90180 006 \*\*\*\*61.25

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

Name

JANE M. MARTIN

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

703 SE. 7TH. ST.

City

CAPE CORAL

FL

Zip Code

33990

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.

SIGNATURE JANE M. MARTIN

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-12-00

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE P.D. ☒ Change ☐ Addition  
NAME WANDA BORES  
STREET ADDRESS 703 SE 7TH. ST.  
CITY-ST-ZIP CAPE CORAL, FL. 33990

TITLE STD ☐ Delete  
NAME MARTIN, JANE M  
STREET ADDRESS 703 SE 7TH ST  
CITY-ST-ZIP CAPE CORAL FL

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

TITLE D ☐ Delete  
NAME BORES, DONALD J  
STREET ADDRESS 1792 CRANBERRY ISLE  
CITY-ST-ZIP APOPKA FL 32712

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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 exemption stated in Section 119.07(3)(i), 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: JANE M. MARTIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-00

Date

941-574-3370

Daytime Phone #

CR2E037 (9/99)