

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 744374

1. Entity Name

BO-MAR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

MARTIN, JANE M.

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

703 SE 7TH ST. - A

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 MARTIN, JANE M.

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

(NOTE: Registered Agent signature required when reinstating)

4-23-01

DATE

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE
NAME
STREET ADDRESS 703 SE 7TH ST - A ☒ Change ☐ Addition
CITY-ST-ZIP

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

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

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

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

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

4-23-01

Date

941-574-3370

Daytime Phone #

CR2E037 (10/00)

0086030

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90141 035 *****61.25

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DO NOT WRITE IN THIS SPACE