2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 07, 2006 8:00 am Secretary of State **DOCUMENT # 744374** 1. Entity Name 04-07-2006 90042 049 ****61.25 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 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State Applied For City & State 4. FEI Number **NO-T APPLICABLE** Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CHANGE Name MARTIN, JANE M 703 S.E. 7TH. STREET Street Address (P.O. Box Number is Not Acceptable) CAPE CORAL FL 33990 Zip Code 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. error 4-3-06 DATE SIGNATURE. Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing **\$5.00** May Be Due By May 1, 2006 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD TITLE ☐ Delete TITLE ☐ Channe ■ Addition BORES, KENNETH J NAME NAME 703 SE 7TH ST - B STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33990 C!TY-ST-ZIP CITY-ST-ZIP ISTD TITLE ☐ Delete TITLE ☐ Change ☐ Addition MARTIN, JANE M 703 SE 7TH ST - A STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33990 CITY-ST-ZIP CITY-ST-ZIP 🗖 Nelete Sa Change ___ Addition TITLE DONALD BORES 1792 CRANBERRY ISLE BORES, JOHN A NAME NAME 12490 COUNTRY EAGLE LN STREET ADDRESS STREET ADDRESS APOPKA, FL. 327/2 CAPE CORAL FL 33909 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP THILE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not quality 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.

JANK M. MARTIN 4-3-06 239-574-3370 SIGNATURE: