

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000002015 (4)

1. Corporation Name

BOMAN SUBDIVISION PROPERTY OWNERS' ASSOCIATION,
INC.



Principal Place of Business

Mailing Address

13000 WINDCREST AVE
PORT CHARLOTTE FL 33953
P O Box 3431
CROFTON MD 21114

13000 WINDCREST AVE
PORT CHARLOTTE FL 33953
P O Box 3431
CROFTON MD 21114

2. Principal Place of Business

2a. Mailing Address

21 2431 CROFTON LANE

26 P O Box 3431

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #9 CROFTON

27 CROFTON MD

City & State

City & State

CROFTON MD.

City & State

24 Zip 21114

25 Country USA

29 Zip 21114

30 Country USA

3. Date Incorporated or Qualified
04/25/1995

3a. Date of Last Report

4. FEI Number

Applied For

☒ Not Applicable

\$8.75 Additional
Fee Required

5. Certificate of Status Desired

☐

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BERNTSSON, ROBERT H
18401 MURDOCK CIRCLE
PORT CHARLOTTE FL 33948

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

TITLE PVST - DIRECTOR ☐ DELETE
NAME NAJMI, BOMAN K
STREET ADDRESS % 13000 WINDCREST DRIVE
CITY-ST-ZIP PORT CHARLOTTE FL 33953

TITLE DIRECTOR ☐ DELETE
NAME DENNIS NAJMI
STREET ADDRESS 1875 ABERDEEN CIRCLE
CITY-ST-ZIP CROFTON MD 21114

TITLE DIRECTOR ☐ DELETE
NAME JULIE KANOFF C/O BHS
STREET ADDRESS 2431 CROFTON LN #9
CITY-ST-ZIP CROFTON MD 21114

TITLE DIRECTOR ☐ DELETE
NAME SHARON NAJMI
STREET ADDRESS 2024 HUNTWOOD DR
CITY-ST-ZIP GAMBRILLS MD 21114

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PVST ☒ Change ☐ Addition
1.2 NAME NAJMI, BOMAN K
1.3 STREET ADDRESS ~~13000 WINDCREST DRIVE~~ 2431 CROFTON LN #9
1.4 CITY-ST-ZIP CROFTON MD 21114 ☒ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

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

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Boman K. Najmi, Sec.

2/14/96

410-721-5055

Date

Daytime Phone

CR2E037 (12/95)