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Feb 07 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 # N95000002015 (4)

1. Corporation Name

BOMAN SUBDIVISION PROPERTY OWNERS' ASSOCIATION,
INC.

Principal Place of Business

Mailing Address

2431 CROFTON LANE
9
CROFTON MD 21114

P.O. BOX 3431
CROFTON MD 21114-0431



3. Date Incorporated or Qualified
04/25/1995

3a. Date of Last Report
04/09/1996

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

2. Principal Place of Business

2a. Mailing Address

21 13120 WINDCREST DR.

26 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 PORT CHARLOTTE

27

City & State

City & State

23 FL

28

Zip
24 33953

Country
25 USA

Zip
29

Country
30

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

Boman K. Nym
Signature of officer or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-3-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PVST ☐ DELETE
NAME NAJMI, BOMAN K
STREET ADDRESS 2431 CROFTON LANE
CITY-ST-ZIP CROFTON MD 21114

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

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

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

TITLE D ☐ DELETE
NAME KANOFF, JULIE
STREET ADDRESS 2431 CROFTON LANE #9
CITY-ST-ZIP CROFTON MD 21114

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

TITLE D ☐ DELETE
NAME NAJMI, SHARON
STREET ADDRESS 2024 HUNTWOOD DRIVE
CITY-ST-ZIP GAMBRIILLS MD 21114

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 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.

SIGNATURE:

Boman K. Nym
Signature of officer or printed name of signing officer and title

2/3/97

941-766-0051

CR2E037 (9/96)