## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1998



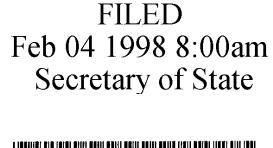
FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT #

## N95000002015 (4)

BOMAN SUBDIVISION PROPERTY OWNERS' ASSOCIATION,



ING.									
Principal Place of Business Mailing Address						- E EMMINUL DID INIDE BILEF ANDEL OASTA PRIIL ANDEE	/B218    011 B2	(B) (1881 B))) (881	
13120 WINDCREST DRIVE 13120 WINDCREST DRIVE						3. Date Incorporated or Qualified			1
PORT CHARLOT		PORT CHARLOTTE FL 33953				04/25/1995			
US		US				4. FEI Number		Applied For	1
						NOT APPLICABLE		Not Applicable	]
2. Principal Pla 21	ace of Business	2a. Mailing Address	<u> </u>			5. Certificate of Status Desired		5 Additional Required	
Suite, Apt. 1	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing Trust Fund Contribution			
City & State	}	City & State	the state of the s			7. Is this nonprofit corporation a homeowners association?			
23		28				152 Yes □ No			
Zip	Country	Zip			of this corporation of the part is stated		Intangible  No		
24	25   29   30   9. Name and Address of Current Registered Agent			Personal Property Tax due June 30. May Yes L			<u> </u>	-	
	3. Name and Address of Curren	t negistered Agent		81	Name	10. Hand and Address of Hell Fegistere	Agent		1
REDNITS	SON, ROBERT H			82	Charach Adda	(D.C. Bay Number is Not Assessable)			-
18401 M	URDOCK CIRCLE				Street Addre	ess (P.O. Box Number is Not Acceptable)			
PORT C	HARLOTTE FL 33948			83					_
				84	Cîty	FI	_	Ip 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						d when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AN	D DIDEO7	ODC INTO	15
12.	PVST OFFICERS AND			13.		ADDITIONS/CHANGES TO OFFICERS AN	Chang		٦ĕ
TITLE NAME	NAJM, BOMAN K	1.2						,,,	CR2E037 (10/97)
STREET ADDRESS	2431 CROFTON LANE		1,3 STREET ADDRESS		ADDRESS				8
CITY-ST-ZIP				1.4 CITY-ST-ZIP					띯
TITLE			_	2.1 TITLE			Chan	ge Addition	]ට
NAME			2.2 N	2.2 NAME					
STREET ADDRESS	1875 ABERDEEN CIRCLE		2.3 S	2.3 STREET ADDRESS					
CITY-ST-ZIP	CROFTON MD 21114		2.41	2, 4 CITY-ST-ZIP					
TITLE	D ☐ DELETE 3		3.1 T	3.1 TITLE			Chang	ge L Addition	
NAME	KANOFF, JULIE			3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS						
CITY-ST-ZIP				ATY-S	ST-ZIP		Chang	ge Addition	-
TITLE			4.1 T					le 🖂 vocinon	
NAME	1 11 107.11, 01 11 11 1011			4. 2 NAME					Ì
STREET ADDRESS	202: 112111122				ADDRESS				
CITY-ST-ZIP			5.1 T	ITY-S	T-ZIP		Chang	ge Addition	1
TITLE								,	
NAME STREET ADDRESS	and the second s		8	5.2 NAME 5.3 STREET ADDRESS					
CITY-ST-ZIP	<b>.</b>				1				
TITLE				5.4 City-St-ZiP 6.1 Title			Chan	ge 🔲 Addition	1
NAME			6.2 N						
STREET ADDRESS					ADDRESS				
CITY_ST_7IP	CMY_ST_7IP 6			TY-S	T-ZIP				
14. I hereby c	ertify that the information supplied wi	ith this filing does not qualify f	or the ex	emp	tion stated in S	Section 119.07(3)(i), Florida Statutes. I further	ertify that	the information	1

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 ar 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 on an attachment with an address. 941-766-0051

SIGNATURE:

ANAMILIBOMAN K. NAJMI