## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF-STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N95000002015

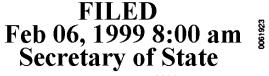
1. Corporation Name

## BOMAN SUBDIVISION PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business 13120 WINDCREST DRIVE

Mailing Address

13120 WINDCREST DRIVE



02-06-1999 90021 032 \*\*\*\*61.25



PORT CHARLO US	OTTE FL 33963	PORT CHARLOTTE FL 33953 US						
Principal Place of Business     The Principal Place of Business     The Principal Place of Business		2a. Mailing Address			3. Date Incorporated or Qualifed 04/25/1995			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			4. FEI Number NOT APPLICABLE	Applied For Not Applicable		
City & State		City & State	City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
Zip 24	Country 25	Zip 29 :	, ·		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registered	Agent		
			8	Name				
	ON, ROBERT H		82 Street Addr		dress (P.O. Box Number is Not Acceptable)			
	RDOCK CIRCLE ARLOTTE FL 33948		8:	3			`.	
			84	1	FL	85 Zip Code	:	
office or n	to the provisions of Sections 617.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au ations of, Section 617.0503, Flori	thorized by da Statute	the corporal s.	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appoi	ntment as register	ed	
ologia (Torte	Stgnature, typed or printed name of registered age	V-1		ent signature requi	red when reinstating) DATE			
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN			
TITLE	PVST	☐ DELETE	1.1 TITLE			Change	Addition	
NAME	NAJMI, BOMAN K		1.2 NAME		•			
STREET ADDRESS	2431 CROFTON LANE		1.3 STRE	ET ADDRESS	•			
CITY-ST-ZIP	CROFTON MD 21114		1.4 CITY-	ST-ZIP				
TITLE	D	☐ DELETE	2.1 TITLE			Change	Addition	
NAME	NAJMI, DENNIS		2.2 NAME					
STREET ADDRESS	1875 ABERDEEN CIRCLE	•		ET ADDRESS				
CITY-ST-ZIP	CROFTON MD 21114		2. 4 CITY	ST-ZIP				
TITLE	D	☐ DELETE	3.1 TITLE			. Change	Addition	
NAME	KANOFF, JULIE		3.2 NAME					
STREET ADDRESS	2431 CROFTON LANE #9		3.3 STRE	ET ADDRESS				
CITY-ST-ZIP			3.4. CITY	ST-ZIP				
TITLE	D	☐ DELETE	4.1 TITLE			☐ Change ☐	] Addition	
NAME	NAJMI, SHARON		4. 2 NAMI					
STREET ADDRESS	2024 HUNTWOOD DRIVE			ET ADDRESS	•	•		
CITY-ST-ZIP	GAMBRILLS MD 21114		4.4 CITY-	· 1	•		٠٠,	
TITLE	GAMORILES WID 21114	☐ DELETE	5.1 TITLE	31-Zir		☐ Change ☐	] Addition	
			5.2 NAME			• _	•	
NAME				ET ADDRESS				
STREET ADDRESS			5.4 CITY-					
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			Change	Addition	
TITLE			6.2 NAME	i			,	
NAME								
STREET ADDRESS		•	6.3 STRE	ET ADDRESS				

14. 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 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, from an attachment with an address, with all other like empowered.

SIGNATURE: