

FILED
Jun 19, 2001 8:00 am
Secretary of State

05-18-2001 91243 026 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002015

1. Entity Name

BOMAN SUBDIVISION PROPERTY OWNERS' ASSOCIATION.

Principal Place of Business

13120 WINDCREST DRIVE
 PORT CHARLOTTE FL 33953
 US

3196 CASEY KEY RD
 NOKOMIS
 FL 34275

Mailing Address

13120 WINDCREST DRIVE
 PORT CHARLOTTE FL 33953
 US

2. Principal Place of Business

FLORIDA

3. Mailing Address

3196 CASEY KEY RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NOKOMIS

City & State

FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

34275

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERNTSSON, ROBERT H
 18401 MURDOCK CIRCLE
 PORT CHARLOTTE FL 33948

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
 FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

TITLE	PVST	<input type="checkbox"/> Delete
NAME	NAJMI, BOMAN K	
STREET ADDRESS	2431 CROFTON LANE	
CITY-ST-ZIP	CROFTON MD 21114	
TITLE	D	<input type="checkbox"/> Delete
NAME	NAJMI, DENNIS	
STREET ADDRESS	1875 ABERDEEN CIRCLE	
CITY-ST-ZIP	CROFTON MD 21114	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KANOFF, JULIE	
STREET ADDRESS	2431 CROFTON LANE #9	
CITY-ST-ZIP	CROFTON MD 21114	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NAJMI, SHARON	
STREET ADDRESS	2024 HUNTWOOD DRIVE	
CITY-ST-ZIP	GAMBRILLS MD 21114	
TITLE	D SARA NASMI	<input type="checkbox"/> Delete
NAME	3196 Casey Key Rd	
STREET ADDRESS	NOKOMIS FL 34275	
CITY-ST-ZIP		
TITLE	D Julie Stewart	<input type="checkbox"/> Delete
NAME	5400 Biscayne Dr S	
STREET ADDRESS	North Port FL 34284	
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 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.

SIGNATURE:

SIG Boman REF Naji
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/01

Date

941-423-7731

Daytime Phone #

CP2E037 (10/00)