FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 21 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 736560 (4)

1. Corporation Name

HOLLYWOOD WOMEN'S BOWLING ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7530 PLANTATION BLVD MIRAMAR FL 33023 US	7530 PLANTATION BLVD MIRAMAR FL 33023 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/10/1976
3a. Date of Last Report: 04/14/1994
4. FEI Number: 59-1696378 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
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 2201 NW 84 terr.	26 1940 N. University Dr.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Pembroke Pines	28 Pembroke Pines
24 Zip 33024 / 25 Country	29 Zip 33024 / 30 Country

9. Name and Address of Current Registered Agent

TROMBINI, JOYCE
7530 PLANTATION BLVD
MIRAMAR FL 33023

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable): 1940 N. University Drive
83
84 City: Pembroke Pines FL 85 Zip Code: 33024

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Joyce Trombini 4/10/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	GRINAS, ARLENE	1.2 NAME	Marlene K. Palmer	
STREET ADDRESS	5830 SW 33 AVE	1.3 STREET ADDRESS	1710 NW 111 Terr.	
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP	Pembroke Pines, FL. 33026	
TITLE	SD	2.1 TITLE		☐ Change ☐ Addition
NAME	TROMBINI, JOYCE	2.2 NAME		
STREET ADDRESS	7530 PLANTATION BLVD	2.3 STREET ADDRESS	2201 NW 84 terr.	
CITY-ST-ZIP	MIRAMAR FL	2.4 CITY-ST-ZIP	Pembroke Pines FL 33024	
TITLE	TD	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	ERRIVELLI, MARGARET	3.2 NAME	Sharon Cannizzaro	
STREET ADDRESS	6970 SW 24 STREET	3.3 STREET ADDRESS	7671 Raleigh St.	
CITY-ST-ZIP	MIRAMAR FL	3.4 CITY-ST-ZIP	Hollywood, FL. 33024	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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: Joyce Trombini Joyce Trombini 4/10/95 305-430-5390
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000376