

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21228

FILED
May 08, 2006
Secretary of State

Entity Name: BOWLING TOURNAMENTS OF THE AMERICAS ASSOCIATION, INC.

Current Principal Place of Business:

1391 NW 136 AVENUE
SUNRISE, FL 33323 US

New Principal Place of Business:

8501 N. UNIVERSITY DRIVE
TAMARAC, FL 33321 US

Current Mailing Address:

6919 WEST BROWARD BOULEVARD
#277
PLANTATION, FL 33317 US

New Mailing Address:

FEI Number: 65-0008563 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WATSON, PAULETTE
844 NW 81 WAY
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GOLDBERG, SHELLY
Address: 1905 N. 55 AVENUE
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: MS () Delete
Name: WATSON, PAULETTE
Address: 844 NW 81 WAY
City-St-Zip: PLANTATION, FL 33324 US

Title: P () Delete
Name: KRAWITZ, TED,
Address: 22258 DRAWBRIDGE DRIVE
City-St-Zip: LEESBURG, FL 34748 US

Title: D () Delete
Name: BALTER, MARK
Address: 8501 N. UNIVERSITY DR.
City-St-Zip: TAMARAC, FL 33321 US

Title: TD () Delete
Name: ROMANIK, MICHAEL
Address: 17601 NW 2ND AVE
City-St-Zip: MIAMI, FL 33169 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: ROMANIK, MICHAEL
Address: 13155 IXORA COURT #1109
City-St-Zip: NORTH MIAMI, FL 33181 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAULETTE WATSON

MS

05/08/2006

Electronic Signature of Signing Officer or Director

_____ Date