

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAR 15 AM 10:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N28525** (6)  
1. Corporation Name  
**COLLIER COUNTY WOMEN'S BOWLING ASSOCIATION, INC.**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>09/26/1988</b>	3a. Date of Last Report <b>02/15/1994</b>
4. FEI Number <b>36-3344966</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

Principal Place of Business		Mailing Address	
C/O DIANA HOLMBECK 103 PALMETTO DUNES CIRCLE NAPLES FL 33962		C/O DIANA HOLMBECK 103 PALMETTO DUNES CIRCLE NAPLES FL 33962	
21. Principal Place of Business	2a. Mailing Address	22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State	24. Zip	29. Zip
25. Country	30. Country		

9. Name and Address of Current Registered Agent

**HOLMBECK, DIANA**  
**103 PALMETTO DUNES CIRCLE**  
**NAPLES FL 33962**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>
85. Zip Code	

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 *Diana L. Holmbeck* *Diana L. Holmbeck* *2/22/95*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>NIX, SHIRLEY</b>
STREET ADDRESS	<b>PO BOX 1038 NAPLES, FL</b>
CITY - ST - ZIP	<b>NAPLES FL</b>
TITLE	<b>D</b>
NAME	<b>PRICE, SHARON</b>
STREET ADDRESS	<b>201 QUAIL FOREST BLVD.</b>
CITY - ST - ZIP	<b>NAPLES FL</b>
TITLE	<b>P</b>
NAME	<b>QUICK, RAYE ANNE</b>
STREET ADDRESS	<b>5880 24TH AVENUE NW</b>
CITY - ST - ZIP	<b>NAPLES FL</b>
TITLE	<b>D</b>
NAME	<b>CARTER, ESTELLE</b>
STREET ADDRESS	<b>4735 DORANDO DRIVE</b>
CITY - ST - ZIP	<b>NAPLES FL</b>
TITLE	<b>V</b>
NAME	<b>HOLCOMB, VICKIE</b>
STREET ADDRESS	<b>6175 16TH AVENUE NW</b>
CITY - ST - ZIP	<b>NAPLES FL</b>
TITLE	<b>T</b>
NAME	<b>WILSON, MARGIE</b>
STREET ADDRESS	<b>3081 41ST STREET SW</b>
CITY - ST - ZIP	<b>NAPLES FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Raye Anne Quick* *Raye Anne Quick* *2/22/95* (813) *436-6494*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #