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**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90100 009 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N28525**

1. Corporation Name  
**COLLIER COUNTY WOMEN'S BOWLING ASSOCIATION, INC.**

Principal Place of Business	Mailing Address
C/O DIANA HOLMBECK 103 PALMETTO DUNES CIRCLE NAPLES FL 34113 US	C/O DIANA HOLMBECK 103 PALMETTO DUNES CIRCLE NAPLES FL 34113 US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified					
21	26	09/26/1988					
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number					
22	27	36-3344966					
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/>					
23	28	\$8.75 Additional Fee Required					
Zip	Country	24	25	29	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HOLMBECK, DIANA 103 PALMETTO DUNES CIRCLE NAPLES FL 34113		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEVERBAUGH, CHARLOTTE	1.2 NAME	
STREET ADDRESS	3243 NORSE CARRIAGE WAY, #7	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34105	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRICE, SHARON	2.2 NAME	
STREET ADDRESS	201 QUAIL FOREST BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUICK, RAYE ANNE	3.2 NAME	
STREET ADDRESS	5880 24TH AVENUE NW	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> <input type="checkbox"/> DELETE	4.1 TITLE	Vice President - 1st <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, ESTELLE	4.2 NAME	
STREET ADDRESS	4735 DORANDO DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	Vice President - 2nd <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWERS, MERLYN	5.2 NAME	
STREET ADDRESS	200 PEBBLE BEACH BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34113	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, MARGIE	6.2 NAME	
STREET ADDRESS	3081 41ST STREET SW	6.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	6.4 CITY-ST-ZIP	

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, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Raye Anne Quick** President *Raye Anne Quick* 1-28-99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

1306445

CR2E037 (11/98)