

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90036 048 ****61.25



DOCUMENT # N28525
 1. Entity Name
COLLIER COUNTY WOMEN'S BOWLING ASSOCIATION, INC.

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



1st MOORE CR2E037 (10/04)

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country
 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

4. FEI Number **36-3344966** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
HOLMBECK, DIANA
103 PALMETTO DUNES CIRCLE
NAPLES FL 34113

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE *Diana L. Holmbeck, Sec.* DATE *4/5/05*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By: May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SKINNER, SHELLEY 1989 48TH TERRACE SW NAPLES FL 34116	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SGT PRICE, SHARON 201 QUAIL FOREST BLVD. NAPLES FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP TURNER, DOROTHY 216 PIER E NAPLES FL 34112	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P QUICK, RAYA ANNE 5880 24TH AVE. NW NAPLES FL 34119	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP BOWERS, MERLYN 200 PEBBLE BEACH BLVD NAPLES FL 34113	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1 WILSON, MARGIE 3081 41ST STREET SW NAPLES FL	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SGT Marilyn Borg 2977 Orange St. Naples, FL 34110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Raya	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Raya Anne Quick* DATE: *4/6/05* (239) DAYTIME PHONE #: *377-0056*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR