


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90124 036 ****61.25

DOCUMENT # N28525

1. Entity 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 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **36-3344966** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

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* DATE 1/22/03
(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

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	D <input type="checkbox"/> Delete
NAME	SKINNER, SHELLEY
STREET ADDRESS	1989 48TH TERRACE SW
CITY-ST-ZIP	NAPLES FL 34116
TITLE	D <input type="checkbox"/> Delete
NAME	PRICE, SHARON
STREET ADDRESS	201 QUAIL FOREST BLVD.
CITY-ST-ZIP	NAPLES FL
TITLE	D <input type="checkbox"/> Delete
NAME	TURNER, DOROTHY
STREET ADDRESS	216 PIER E
CITY-ST-ZIP	NAPLES FL 34112
TITLE	P <input type="checkbox"/> Delete
NAME	JACHIM, JILL
STREET ADDRESS	3920 LEEWARD PASS CT
CITY-ST-ZIP	BONITA SPRINGS FL 34134
TITLE	D <input type="checkbox"/> Delete
NAME	BOWERS, MERLYN
STREET ADDRESS	200 PEBBLE BEACH BLVD
CITY-ST-ZIP	NAPLES FL 34113
TITLE	T <input type="checkbox"/> Delete
NAME	WILSON, MARGIE
STREET ADDRESS	3081 41ST STREET SW
CITY-ST-ZIP	NAPLES FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	..
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Margie Wilson* SIGNATURE REQUIRED (MARGIE WILSON) DATE: 1-22-03

CR2E037 (10/02)