

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21228

**FILED**  
**Apr 14, 2016**  
**Secretary of State**  
**CC9055431435**

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

**Current Principal Place of Business:**

844 NW 81 WAY  
PLANTATION, FL 33324

**Current Mailing Address:**

10097 CLEARY BLVD.  
#122  
PLANTATION, FL 33324 US

**FEI Number: 65-0008563**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

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

*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

**Officer/Director Detail :**

Title TD  
Name ROMANIK, MICHAEL  
Address 13155 IXORA COURT #1109  
City-State-Zip: NORTH MIAMI FL 33181

Title P,MS  
Name WATSON, PAULETTE  
Address 844 NW 81 WAY  
City-State-Zip: PLANTATION FL 33324

Title VP  
Name EHLERS, WILLIAM  
Address 651 CR 831  
City-State-Zip: CULLMAN AL 35057

Title S  
Name LACONCHA, DAVID  
Address 140 NW 9TH AVENUE  
City-State-Zip: FLORIDA CITY FL 33034

*I hereby 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 all other like empowered.*

**SIGNATURE: PAULETTE WATSON**

**PRESIDENT**

**04/14/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date