

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

FILED

Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # 705847

1. Entity Name

BROWARD COUNTY BOWLING ASSOCIATION, INC.



Principal Place of Business

7800 W OAKLAND PK BLVD
210-D
SUNRISE FL 33351
US

Mailing Address

7800 W OAKLAND PK BLVD
210-D
SUNRISE FL 33351
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

59-0837637

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OBERG, DONNA L
7800 W. OAKLAND PARK BLVD., #D-210
OAKLAND PARK FL 33351

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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 PD ☐ Delete
NAME FIGINI, CARL B
STREET ADDRESS 2910 CLEVELAND ST
CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE VPD ☐ Delete
NAME CROWDER, HOWARD
STREET ADDRESS 9899 NW 76 CT
CITY-ST-ZIP FORT LAUDERDALE FL 33321

TITLE VPD ☐ Delete
NAME SWENSON, ROLAND 'BUD' L
STREET ADDRESS 10282 NW 31ST ST
CITY-ST-ZIP POMPANO BEACH FL 33065

TITLE ED ☐ Delete
NAME OBERG, DONNA L
STREET ADDRESS 7800 W. OAKLAND PARK BLVD D-210
CITY-ST-ZIP FORT LAUDERDALE FL 33351

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
1100000208495
02/01/05-80085-021 61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ 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 19 07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/27/05 954.717.3177