

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 736560 (4)**  
1. Corporation Name  
**HOLLYWOOD WOMEN'S BOWLING ASSOCIATION, INC.**



Principal Place of Business  
**7530 PLANTATION BLVD  
PEMBROKE PINES FL 33024  
US**

Mailing Address  
**7530 PLANTATION BLVD  
PEMBROKE PINES FL 33024  
US**

3. Date Incorporated or Qualified  
**08/10/1976**

3a. Date of Last Report  
**04/21/1995**

4. FEI Number  
**59-1696378**

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business  
**21 8830 NW 8 St**  
Suite, Apt. #, etc.  
**22 Pembroke Pines**  
City & State  
**23 Florida**  
Zip  
**24 33024**

2a. Mailing Address  
**26 1940 N University Dr.**  
Suite, Apt. #, etc.  
**27 Pembroke Pines**  
City & State  
**28 Florida**  
Zip  
**29 33024**

Country  
**25 US** **30 US**

## 9. Name and Address of Current Registered Agent

**TROMBINI, JOYCE  
1940 N. UNIVERSITY DRIVE  
PEMBROKE PINES FL 33024**

## 10. Name and Address of New Registered Agent

**81 Name**  
**82 Street Address (P.O. Box Number is Not Acceptable)**  
**83**  
**84 City** **85 Zip Code**  
**FL**

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

(NOTE: Registered Agent signature required when reinstating)

4/11/96  
DATE

## 12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MARLENE K. PALMER	
STREET ADDRESS	1710 NW 111 TERR.	
CITY - ST - ZIP	PEMBROKE PINES FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	TROMBINI, JOYCE	
STREET ADDRESS	2201 NW 84 TERR.	
CITY - ST - ZIP	PEMBROKE PINES FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SHARON CANNIZZARO	
STREET ADDRESS	7671 RALEIGH ST.	
CITY - ST - ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

## 13.

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	8830 NW 8 St.
2.4 CITY - ST - ZIP	Pembroke Pines Fla 33024
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	4655 SW 87 terr
3.4 CITY - ST - ZIP	Davie fl 33328
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Joyce Trombini  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/96  
Date

954-430-5390  
Daytime Phone #

CR2E037 (12/95)