
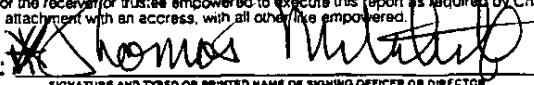


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

5/1

FILED
Jul 12, 2006 8:00 am
Secretary of State

05-01-2006 90315 049 ****61.25

DOCUMENT # N04000003975		
1. Entity Name CITY OF PALMS BOWLING ASSOCIATION, INC.		
Principal Place of Business 1958 GROVE STREET FORT MYERS, FL 33901	Mailing Address 1958 GROVE STREET FORT MYERS, FL 33901	
DO NOT WRITE IN THIS SPACE		
		02142006 No Chg-NP CR2E037 (11/05)
4. FEI Number 20-1050256		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MITCHELL, THOMAS 1958 GROVE STREET FORT MYERS, FL 33901		DO NOT WRITE IN THIS SPACE
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST MITCHELL, THOMAS 1958 GROVE STREET FORT MYERS, FL 33901	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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		* 20 May 06 Date Daytime Phone