

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90029 049 \*\*\*\*61.25

**DOCUMENT # N04000007889**

1. Entity Name

FLAGLER COUNTY BOWLING ASSO. INC.



Principal Place of Business

P.O. BOX 352892  
PALM COAST FL 32135-2892

Mailing Address

P.O. BOX 352892  
PALM COAST FL 32135-2892

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number  
**58-2684939**

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

CLARK, ED  
78 COVINGTON LANE  
PALM COAST FL 32137

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, 2006**

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          | P                    | <input type="checkbox"/> Delete            |
| NAME           | CLARK, ED            |  |
| STREET ADDRESS | 78 COVINGTON LANE    |  |
| CITY-ST-ZIP    | PALM COAST FL 32137  |  |
| TITLE          | V                    | <input type="checkbox"/> Delete            |
| NAME           | O'MARA, STEVE        |  |
| STREET ADDRESS | 30 COLD SPRING CT.   |  |
| CITY-ST-ZIP    | PALM COAST FL 32137  |  |
| TITLE          | SAA                  | <input type="checkbox"/> Delete            |
| NAME           | HAGEL, ROBERT        |  |
| STREET ADDRESS | 5 FAIRWAYS CIRCLE    |  |
| CITY-ST-ZIP    | PALM COAST FL 32137  |  |
| TITLE          | ASSN. MANAGER        | <input type="checkbox"/> Delete            |
| NAME           | PISANELLE, JOSEPH M  |  |
| STREET ADDRESS | 38 BARKWOOD LA.      |  |
| CITY-ST-ZIP    | PALM COAST FL 32137  |  |
| TITLE          | D                    | <input type="checkbox"/> Delete            |
| NAME           | Jack Scuito,         |  |
| STREET ADDRESS | 52 Covington Ln      |  |
| CITY-ST-ZIP    | Palm Coast, FL 32137 |  |
| TITLE          | D                    | <input checked="" type="checkbox"/> Delete |
| NAME           | CARMEN, MARK         |  |
| STREET ADDRESS | 100 WESTBURY LANE    |  |
| CITY-ST-ZIP    | PALM COAST FL 32137  |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                                |  |
|----------------|--------------------------------|--|
| TITLE          | D                              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | George Zampella, Joan Zampella |  |
| STREET ADDRESS | 25 Forge Ln                    |  |
| CITY-ST-ZIP    | Palm Coast, FL 32137           |  |
| TITLE          | D                              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Pat Day,                       |  |
| STREET ADDRESS | P.O. Box 1224                  |  |
| CITY-ST-ZIP    | Flagler Beach, FL 32136        |  |
| TITLE          | D                              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Karelle Reitano,               |  |
| STREET ADDRESS | 16 Landings Ln                 |  |
| CITY-ST-ZIP    | Ormond Beach, FL 32174         |  |
| TITLE          | D                              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | MANDI O'MARA                   |  |
| STREET ADDRESS | 30 COLD SPRING CT.             |  |
| CITY-ST-ZIP    | PALM COAST, FL 32137           |  |
| TITLE          | D                              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Ron Pannullo                   |  |
| STREET ADDRESS | 40 SECRETARY TRL.              |  |
| CITY-ST-ZIP    | Palm Coast, FL 32164           |  |
| 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 exemptions contained in Section 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:**

*Ed Clark*

2-15-06