

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21228

FILED  
May 01, 2009  
Secretary of State

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

**Current Principal Place of Business:**

844 NW 81 WAY  
PLANTATION, FL 33324 US

**New Principal Place of Business:**

**Current Mailing Address:**

6919 WEST BROWARD BOULEVARD  
#277  
PLANTATION, FL 33317 US

**New Mailing Address:**

**FEI Number:** 65-0008563      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

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

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

**OFFICERS AND DIRECTORS:**

Title: TD      ( ) Delete  
Name: ROMANIK, MICHAEL  
Address: 13155 IXORA COURT #1109  
City-St-Zip: NORTH MIAMI, FL 33181 US

Title: MS      ( ) Delete  
Name: WATSON, PAULETTE  
Address: 844 NW 81 WAY  
City-St-Zip: PLANTATION, FL 33324 US

Title: P      ( ) Delete  
Name: KRAWITZ, TED  
Address: 22258 DRAWBRIDGE DRIVE  
City-St-Zip: LEESBURG, FL 34748 US

Title: D      ( ) Delete  
Name: BALTER, MARK  
Address: 8501 N. UNIVERSITY DR.  
City-St-Zip: TAMARAC, FL 33321 US

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      (X) Change ( ) Addition  
Name: PAXTON, GREGORY  
Address: 1709 YVONNE ST  
City-St-Zip: APOPKA, FL 32712 US

Title: D      ( ) Change (X) Addition  
Name: EHLERS, WILLIAM  
Address: 651 CR 831  
City-St-Zip: CULLMAN, AL 35057

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PAULETTE WATSON

MD

05/01/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date