

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21228

**FILED**  
**May 09, 2011**  
**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:**

10097 CLEARY BLVD. #122  
PLANTATION, FL 33324 US

**New Mailing Address:**

10097 CLEARY BLVD.  
#122  
PLANTATION, FL 33324 US

**FEI Number:** 65-0008563

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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  
Name: ROMANIK, MICHAEL  
Address: 13155 IXORA COURT #1109  
City-St-Zip: NORTH MIAMI, FL 33181 US

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

Title: VP  
Name: EHLERS, WILLIAM  
Address: 651 CR 831  
City-St-Zip: CULLMAN, AL 35057

Title: S  
Name: PAXTON, GREGORY  
Address: 1709 YVONNE ST  
City-St-Zip: APOPKA, FL 32712 US

I hereby 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 all other like empowered.

**SIGNATURE:** PAULETTE WATSON

P

05/09/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date