

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 29 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N28525** (6)  
1. Corporation Name  
**COLLIER COUNTY WOMEN'S BOWLING ASSOCIATION, INC.**

Principal Place of Business <b>C/O DIANA HOLMBECK 103 PALMETTO DUNES CIRCLE NAPLES FL 33962-34113</b>	Mailing Address <b>C/O DIANA HOLMBECK 103 PALMETTO DUNES CIRCLE NAPLES FL 33962-34113</b>
--	--



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/26/1988</b>	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>36-3344966</b>		Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23 Zip	28 Zip	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 Country	29 Country	30 Country			

9. Name and Address of Current Registered Agent <b>HOLMBECK, DIANA 103 PALMETTO DUNES CIRCLE NAPLES FL 34113</b>		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 *Diana L. Holmbeck* (NOTE: Registered Agent signature required when reinstating) 1/15/98  
Signature, typed or printed name of registered agent and title if applicable. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>NIX, SHIRLEY</b>	1.2 NAME	<b>TEVERBAUGH, Charlotte</b>
STREET ADDRESS	<b>PO BOX 1038 NAPLES, FL</b>	1.3 STREET ADDRESS	<b>3243 HORSE CARRIAGE WAY #7</b>
CITY-ST-ZIP	<b>NAPLES FL</b>	1.4 CITY-ST-ZIP	<b>Naples, FL 34105</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PRICE, SHARON</b>	2.2 NAME	
STREET ADDRESS	<b>201 QUAIL FOREST BLVD.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>QUICK, RAYE ANNE</b>	3.2 NAME	
STREET ADDRESS	<b>5880 24TH AVENUE NW</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARTER, ESTELLE</b>	4.2 NAME	
STREET ADDRESS	<b>4735 DORANDO DRIVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HOLCOMB, VICKIE</b>	5.2 NAME	<b>BOWERS, MERLYN</b>
STREET ADDRESS	<b>6175 16TH AVENUE NW</b>	5.3 STREET ADDRESS	<b>200 PEBBLE BEACH BLVD</b>
CITY-ST-ZIP	<b>NAPLES FL</b>	5.4 CITY-ST-ZIP	<b>Naples, FL 34113</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILSON, MARGIE</b>	6.2 NAME	
STREET ADDRESS	<b>3081 41ST STREET SW</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL</b>	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Rosemary Bowers* **RECEIVED**

1/15/98

CR2E037 (10/97)