

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90036 048 \*\*\*\*61.25

**DOCUMENT # N28525**

1. Entity Name

**COLLIER COUNTY WOMEN'S BOWLING ASSOCIATION, INC.**



Principal Place of Business

C/O DIANA HOLMBECK  
103 PALMETTO DUNES CIRCLE  
NAPLES FL 34113  
US

Mailing Address

C/O DIANA HOLMBECK  
103 PALMETTO DUNES CIRCLE  
NAPLES FL 34113  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**36-3344966**

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

HOLMBECK, DIANA  
103 PALMETTO DUNES CIRCLE  
NAPLES FL 34113

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

*Diana L. Holmbeck, Sec.*

*4/5/05*

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, 2005**

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 **D** ☐ Delete  
NAME **SKINNER, SHELLEY**  
STREET ADDRESS **1989 48TH TERRACE SW**  
CITY-ST-ZIP **NAPLES FL 34116**

TITLE **SGT** ☒ Delete  
NAME **PRICE, SHARON**  
STREET ADDRESS **201 QUAIL FOREST BLVD.**  
CITY-ST-ZIP **NAPLES FL**

TITLE **1VP** ☐ Delete  
NAME **TURNER, DOROTHY**  
STREET ADDRESS **216 PIER E**  
CITY-ST-ZIP **NAPLES FL 34112**

TITLE **P** ☐ Delete  
NAME **QUICK, RAYA ANNE**  
STREET ADDRESS **5880 24TH AVE. NW**  
CITY-ST-ZIP **NAPLES FL 34119**

TITLE **2VP** ☐ Delete  
NAME **BOWERS, MERLYN**  
STREET ADDRESS **200 PEBBLE BEACH BLVD**  
CITY-ST-ZIP **NAPLES FL 34113**

TITLE **T** ☐ Delete  
NAME **WILSON, MARGIE**  
STREET ADDRESS **3081 41ST STREET SW**  
CITY-ST-ZIP **NAPLES FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **SGT Marilyn Borg**  
STREET ADDRESS **2977 Orange St.**  
CITY-ST-ZIP **Naples, FL 34110**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **Raya**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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:

*Raya Anne Quick*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/6/05*

DATE

**377-0056**

DAYTIME PHONE #