

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N45162 (7)**

1. Corporation Name

**NATIONAL ASSOCIATION OF WOMEN BUSINESS OWNERS-BO  
CA/DELRAY CHAPTER, INC.**



Principal Place of Business

P.O. BOX 985  
BOCA RATON FL 33429

Mailing Address

P.O. BOX 985  
BOCA RATON FL 33429

3. Date Incorporated or Qualified  
**09/16/1991**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc. **26** **11321 Lake Tree Court**

**22** City & State **27** Suite, Apt. #, etc.

**23** City & State **28** **Boca Raton, FL**

**24** Zip **25** Country **29** **33498** **30** **Palm Beach**

4. FEI Number

**65-0298191**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**MAZZA, MARLENE A. CPA**  
**11270 ISLAND LAKES LANE** **11330 Lake Tree Court**  
**BOCA RATON FL 33498**

10. Name and Address of New Registered Agent

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**85** Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE

NAME **GOZOS, WANDA**  
STREET ADDRESS **7690 NW 10TH ST**  
CITY-ST-ZIP **PLANTATION FL**

TITLE **D** ☒ DELETE

NAME **WILSMNA, ELIZABETH A**  
STREET ADDRESS **318 E PALMETTO PARK RD**  
CITY-ST-ZIP **BOCA RATON FL**

TITLE **D** ☐ DELETE

NAME **CUTAIA, SUSAN**  
STREET ADDRESS **394 SW 12TH AVE**  
CITY-ST-ZIP **DEERFIELD BEACH FL**

TITLE **VPD** ☐ DELETE

NAME **MAZZA, MARLENE A. CPA**  
STREET ADDRESS **11270 ISLAND LAKES AVE.**  
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition

1.2 NAME **Rochelle Bloom**  
1.3 STREET ADDRESS **6016 Vista Linda Lane**  
1.4 CITY-ST-ZIP **Boca Raton, FL 33433**

2.1 TITLE **D** ☐ Change ☒ Addition

2.2 NAME **Bobra Bush**  
2.3 STREET ADDRESS **7301-A W. Palmetto Park Road, Ste. 204B**  
2.4 CITY-ST-ZIP **Boca Raton, FL 33433**

3.1 TITLE **D** ☐ Change ☒ Addition

3.2 NAME **Maria Kondracki**  
3.3 STREET ADDRESS **5900 N. Andrews Ave., Ste. 250**  
3.4 CITY-ST-ZIP **Ft. Lauderdale, FL 33309**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Marlene A. Mazza*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/8/96*

Date

*407-852-0915*

Daytime Phone #

CR2E037 (12/95)