

FILE NOW: FILING FEE IS \$61.25

FILED  
May 20 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
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**DOCUMENT # N46175 (8)**

1. Corporation Name  
**PALM BEACH COUNTY WOMEN'S BOWLING ASSOCIATION, INC.**

Principal Place of Business <b>2629 MERCER AVENUE WEST PALM BEACH FL 33401</b>	Mailing Address <b>2629 MERCER AVENUE WEST PALM BEACH FL 33401 US</b>
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2. Principal Place of Business 21 <b>3923 Lake Worth Rd</b> Suite, Apt. #, etc. 22 <b>#202</b> City & State 23 <b>Lake Worth, FL</b> Zip 24 <b>33461</b>	2a. Mailing Address 26 <b>3923 Lake Worth Rd</b> Suite, Apt. #, etc. 27 <b>#202</b> City & State 28 <b>Lake Worth FL</b> Zip 29 <b>33461</b>	Country 30 <b>Palm Beach</b>
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9. Name and Address of Current Registered Agent <b>GRACE, NANCY</b> <b>4402 MARY CIRCLE NORTH</b> <b>LAKE PARK FL 33410</b>	<b>APRIL COSTA</b> <b>3602 Valley Way</b> <b>West Palm Beach FL</b> <b>33406</b>
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3. Date Incorporated or Qualified <b>11/12/1991</b>	4. FEI Number <b>59-1268456</b>	Applied For <input type="checkbox"/> Not Applicable
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>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

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 **April Costa** DATE **5-5-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>STANNARD, REGINA</b> <b>17815 BRIAR PATCH TRAIL</b> <b>BOCA RATON FL</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>HARVEY, LEE</b> <b>5802 BANANA RD</b> <b>WEST PALM BEACH FL</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>MCLEOD, FRAN</b> <b>13579 FOXTRAIL LANE</b> <b>LOXAHATCHEE FL</b>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>KANE, LORRAINE</b> <b>1197 E MOUNTAIN DR.</b> <b>W. PALM BCH GARD FL</b>	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>GRACE, NANCY</b> <b>4402 N MARY CIR</b> <b>LAKE PARK FL</b>	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SMIMO, JUDI</b> <b>18086 E WILTSHIRE DR</b> <b>LOXAHATCHEE FL</b>	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 **Sandra B. Mortham** **61-433-5456**

CR2E037 (10/97)