

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N46175

1. Corporation Name

PALM BEACH COUNTY WOMEN'S BOWLING ASSOCIATION, I
NC.

Principal Place of Business

3923 LAKE WORTH RD
#202
LAKE WORTH FL 33461
US

Mailing Address

3923 LAKE WORTH RD
#202
LAKE WORTH FL 33461
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

11/12/1991

4. FEI Number

59-1268456

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

9. Name and Address of Current Registered Agent

COSTA, APRIL
3602 VALLEY WAY
W PALM BEACH FL 33406

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME STANNARD, REGINA
STREET ADDRESS 17815 BRIAR PATCH TRAIL
CITY-ST-ZIP BOCA RATON FL

TITLE VP ☐ DELETE

NAME HARVEY, LEE
STREET ADDRESS 5802 BANANA RD
CITY-ST-ZIP WEST PALM BEACH FL

TITLE VP ☐ DELETE

NAME MCLEOD, FRAN
STREET ADDRESS 13579 FOXTRAIL LANE
CITY-ST-ZIP LOXAHATCHEE FL

TITLE TD ☐ DELETE

NAME KANE, LORRAINE
STREET ADDRESS 1197 E MOUNTAIN DR.
CITY-ST-ZIP W. PALM BCH GARD FL

TITLE S ☐ DELETE

NAME COSTA, APRIL
STREET ADDRESS 3602 VALLEY WAY
CITY-ST-ZIP W PALM BEACH FL 33406

TITLE D ☐ DELETE

NAME SMIMO, JUDI
STREET ADDRESS 16086 E WILTSHIRE DR
CITY-ST-ZIP LOXAHATCHEE FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/14/99

561-433-5455

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90003 028 ****61.25



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