

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90317 040 \*\*\*\*61.25

**DOCUMENT # N46175**

1. Entity Name

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



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COSTA, APRIL**  
**3397 PEBBLE BEACH DR.**  
**LAKE WORTH FL 33467**

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

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, 2004**

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	PD	<input type="checkbox"/> Delete
NAME	STANNARD, REGINA	
STREET ADDRESS	17815 BRIAR PATCH TRAIL	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HARVEY, LEE	
STREET ADDRESS	2522 EMORY DR. E APT.	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KAUFMAN, MARY J	
STREET ADDRESS	5168 TENNIS LANE	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE		<input type="checkbox"/> Delete
NAME	SISKO, ANNA J	
STREET ADDRESS	1046 SW 25 PL.	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE	S	<input type="checkbox"/> Delete
NAME	COSTA, APRIL	
STREET ADDRESS	3397 PEBBLE BEACH DR.	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHRISTIANSEN, BEV	
STREET ADDRESS	7678 DOUBLETON DR.	
CITY-ST-ZIP	DELRAY BEACH FL 33446	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	2nd V-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lucille Zinno	
STREET ADDRESS	10928 Royal Caribbean	
CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE	1st V-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kaufman, Mary J	
STREET ADDRESS	5168 Tennis Lane	
CITY-ST-ZIP	Delray Beach, FL 33483	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:** *Anna J. Sisko - Anna J. Sisko*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/26/04*  
Date

*561-732-7514*  
Daytime Phone #