

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767624

FILED  
Apr 07, 2011  
Secretary of State

**Entity Name:** POLONIA SOCIETY OF KORONA, FLA., INC.

**Current Principal Place of Business:**

4425 EAGLE CREEK CT.  
ELKTON, FL 32033 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 351615  
PALM COAST, FL 32135 US

**New Mailing Address:**

FEI Number: 59-2274565

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DUBIK, JERRY  
4425 EAGLE CREEK CT.  
ELKTON, FL 32033 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PRED  
Name: DUBIK, JERRY J  
Address: 4425 EAGLE CREEK CT.  
City-St-Zip: ELKTON, FL 32033

Title: TRED  
Name: RYBSKI, BOZENA  
Address: 15 RIVERVIEW BEND N, UNIT 213  
City-St-Zip: PALM COAST, FL 32137

Title: VPD  
Name: WASZKIEWICZ, MARCIN  
Address: 2 WAINWOOD PL  
City-St-Zip: PALM COAST, FL 32164

Title: SEC  
Name: KOBYLINSKI, ALICJA  
Address: 69 RYMSHAW DR  
City-St-Zip: PALM COAST, FL 32164

Title: FSD  
Name: BILINSKI, MARIA  
Address: 60 FLEMING CT  
City-St-Zip: PALM COAST, FL 32137

Title: TRUS  
Name: MAJEWSKA, ELZBIETA  
Address: PALM COAST  
City-St-Zip: PALM COAST, FL 32137

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JERRY DUBIK

PRES

04/07/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date