FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 767624

1. Corporation Name

POLONIA SOCIETY OF KORONA, FLA., INC.

Principal Place of Busin
9 BLAKEMORE DRIVE
PALM COAST FL 32137
110

21

2. Principal Place of Business

Mailing Address

2a. Mailing Address

2615 N PENINSULA DR DAYTONA BEACH FL 32118

US

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FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90153 021 ****61.25



3. Date Incorporated or Qualifed

03/23/1983

Suite, Apt. #, etc. Suite, Apt. #, etc.					4. FEI Number	Apr	olied For	
22	27				59-2274565	Not	Applicable	
City & State City & State					5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
Zip			Country	'	6. Election Campaign Financing	\$5.00	May Be	
24	25 29 30		30		Trust Fund Contribution	Added to	• 1	
	9. Name and Address of Current	Registered Agent	·		10. Name and Address of New Registers	d Agent		
			81	Name				
OTIFICIAL INIC I			82	Street Ad	eet Address (P.O. Box Number is Not Acceptable)			
OZIERSKI, JANE L 2615 N PENINSULA DR DAYTONA BEACH FL 32118				Street Address (P.O. Box Number is Not Acceptable)				
DATIONA	DEAUTI FL 32110					. 85 Zip C	'odo	
			84	City	· F	L 85 Zip C	Jode	
office or n	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such change was au ns of, Section 617.0503, Flor	ithorized by ida Statutes	tne corpora	proration submits this statement for the purpose ation's board of directors. I hereby accept the app	of changing its pointment as reg	registered jistered	
SIGNATORE.	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:		nt signature requ	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIDECTO	DC IN 12	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS	Change	Addition	
TITLE	PD) DELETE		-		Citalige	☐ A¢dillori	
NAME	WIECLAWEK, MARIA		1.2 NAME	Ì				
STREET ADDRESS	9 BLAKEMORE DRIVE		1.3 STREET	TADORESS				
CITY-ST-ZIP	PALM COAST FL		1.4 CITY-S		UDD	TT Ohanna	C Addition	
TITLE	VPD	X DELETE		3	VPD	Change	Addition	
NAME	SCISLOWICZ, LUDWIKA		2.2 NAME		JANCZEWSKI, ZDISLAW		ſ	
STREET ADDRESS	1200 FT PAYTON		2.3 STREET		53 Becker Lane			
CITY-ST-ZIP	ST AUGUSTINE FL		2.4 CITY-S	ST-ZIP	Palm Coast, FL 32137			
TITLE	SD	DELETE 3:				Change	☐ Addition	
NAME	OZIERSKI, JANE L		3.2 NAME				İ	
STREET ADDRESS	2615 N. PENINSULA DR.		3.3 STREE	TADDRESS				
CITY-ST-ZIP	DAYTONA BEACH FL		3.4. CITY-S	ST-ZIP				
TITLE	ΤD	☐ DELETE	4.1 TITLE			Change	☐ Addition	
NAME	OZIERSKI, WALTER		4, 2 NAME					
STREET ADDRESS	2615 N. PENINSULA DR.		4.3 STREE	T ADDRESS		•		
CITY-ST-ZIP	DAYTONA BEACH FL		4.4 CITY-S					
TITLE	SD	Ď DELETE	5.1 TITLE] ;	SD SZWAN A FUCENEUCE	Change	Addition	
NAME	NAJBERG, TED		5.2 NAME		ŠŽYMULA, EUGENETSZ		ł	
STREET ADDRESS			5.3 STREE		1630 Bryan Way	106		
CITY-ST-ZIP	ORMOND BEACH FL		5.4 CITY - S	T-ZIP	St. Augustine, FL 320	086		
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition	
NAME			6.2 NAME			•	1	
STREET ADDRESS			6.3 STREE	T ADDRESS		٠,	ĺ	
CITY+ST-ZIP			6.4 CITY-S	T-ZIP				

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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFERS OR DIRECTOR

January 18, 1999 (904) 252-2000

Daytime Pho

ZE037 (11/98)