

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000005315

**Entity Name:** ALBANIAN HERITAGE FOUNDATION OF THE TAMPA BAY AREA INC.**Current Principal Place of Business:**2520 MARINA KEY LN.  
CLEARWATER, FL 33763**Current Mailing Address:**PO BOX 5292  
LARGO, FL 33779 US**FEI Number:** 45-5421806**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PASKO, IRITA  
2520 MARINA KEY LN.  
CLEARWATER, FL 33763 US*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

**Officer/Director Detail :**

Title	P
Name	KRAJA, ARDIAN
Address	1312 BELLEAIR RD
City-State-Zip:	CLEARWATER FL 33756

Title	SECRETARY
Name	POJANI, IMELDA
Address	1114 GERSHWIN DR
City-State-Zip:	LARGO FL 33771

Title	TREASURER
Name	KOLA, MIRANDA
Address	1986 GROVELAND RD
City-State-Zip:	PALM HARBOR FL 34683

Title	OFFICER
Name	KODRA, MERI
Address	835 N KEENE RD APT 24/D
City-State-Zip:	CLEARWATER FL 33755

Title	VPST
Name	PASKO, IRITA
Address	2520 MARINA KEY LN.
City-State-Zip:	CLEARWATER FL 33763

Title	OFFICER
Name	DERVISHI, PETRO
Address	14983 ALAN CT
City-State-Zip:	LARGO FL 33771

Title	OFFICER
Name	KERXHALLI, INA
Address	2625 STATE ROAD 590 2313
City-State-Zip:	CLEARWATER FL 33759

Title	OFFICER
Name	MUSTALI, AURELA
Address	1636 WENDLE WAY
City-State-Zip:	PALM HARBOR FL 34685

**Continues on page 2**

*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:** ARDIAN KRAJA**PRESIDENT****04/24/2015**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	OFFICER
Name	MUSTAFARAJ, EDGAR
Address	3843 EXETER CT 103
City-State-Zip:	PALM HARBOR FL 34685