

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000009295

**Entity Name:** POLISH HIGHLANDERS ALLIANCE 79 CIRCLE IM MATKI BOSKIES INC

**FILED**  
**Aug 14, 2019**  
**Secretary of State**  
**5147653728CC**

**Current Principal Place of Business:**

810-123 RD AVE  
TREASURE ISLAND, FL 33706

**Current Mailing Address:**

810-123 RD AVE  
TREASURE ISLAND, FL 33706 US

**FEI Number: 59-3781273**

**Certificate of Status Desired: No**

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

CYRWUS, TED  
810-123 RD AVE  
TREASURE ISLAND, FL 33706 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            PRES  
Name            CYRWUS, TED  
Address        810-123 RD AVE  
City-State-Zip: TREASURE ISLAND FL 33706

Title            VP  
Name            HUZIOR, TADEUSZ  
Address        476 RIVERA BAY DR. N.E.  
City-State-Zip: ST. PETERSBURG FL 33702

Title            VP  
Name            TOGZEK, ANGIE  
Address        2320 TARRAGON LN  
City-State-Zip: NEW PORT RICHEY FL 34655

*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: TED CYRWUS**

**OFFICER**

**08/14/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date