

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90057 015 ****61.25



DOCUMENT # 713104

1. Entity Name

THE POLISH-AMERICAN CLUB OF HOLLYWOOD, FLORIDA, INC.

Principal Place of Business

**3861 STIRLING ROAD
 FT. LAUDERDALE FL 33312**

Mailing Address

**3861 STIRLING ROAD
 FT. LAUDERDALE FL 33312**



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE CR2E037 (10/05)

4. FEI Number

59-6143418

Applied For
 Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**POLUKORT, BERNICE
 12371 N.W. 15 STREET
 PEMBROKE PINES FL 33026**

7. Name and Address of New Registered Agent

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

Bernice Polukort
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-1-06

**FILE NOW: FEE IS \$61.25
 Due By May 1, 2006**

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	V	<input type="checkbox"/> Delete
NAME	PANASUK, AL	
STREET ADDRESS	5790 SW 35TH AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	
TITLE	TT	<input type="checkbox"/> Delete
NAME	MUSIAL, VIRGINIA	
STREET ADDRESS	6761 MCCLELLAN ST	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE	DD	<input type="checkbox"/> Delete
NAME	EVANS, CLARA	
STREET ADDRESS	10452 NW 48 MANOR	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ZIEMUNT, THOMAS	
STREET ADDRESS	7600 SIMMS STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE	BS D	<input type="checkbox"/> Delete
NAME	POLUKORT, BERNICE	
STREET ADDRESS	12371 NORTHWEST 15 STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AL PANASUK	
STREET ADDRESS	3510 S.W. 51 AVE	
CITY-ST-ZIP	DAVIE FLA 33314	
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		
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM GAWAROCKI	
STREET ADDRESS	5609 CORAL LAKES DR	
CITY-ST-ZIP	MARGATE FLA 33063	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDWARD DERENCOWSKI	
STREET ADDRESS	8632 EAGLE RUN DR.	
CITY-ST-ZIP	BOCA RATON, FLA 33434	
TITLE	R.S.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VERA BISTRIMOVICH	
STREET ADDRESS	7470 N.W. 50 ST PH 510	
CITY-ST-ZIP	LAUDERHILL FLA 33351	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Virginia B. Musial Treasurer 2/1/06 954 989 2385*