


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90147 001 \*\*\*\*61.25

0068670

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # 739442**

1. Corporation Name  
**THE POLISH-AMERICAN CLUB OF SARASOTA, FLORIDA, INC.**

Principal Place of Business P.O. BOX 15771 7482 N LEEWYNN DR SARASOTA FL 32240 US	Mailing Address P.O. BOX 15771 SARASOTA FL 32240
---	--



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/22/1977
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1696282
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
	Zip 29	Country 30

9. Name and Address of Current Registered Agent  MIKOS, JOHN 7482 N. LEEWYNN DR. SARASOTA FL 34240	10. Name and Address of New Registered Agent 81 Name Zbigniew M. Hasztrakiewicz 82 Street Address (P.O. Box Number is Not Acceptable) 5051 Kestral Park Dr. 83 Sarasota, Florida 34231 84 City FL 85 Zip Code
--	---

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Zbigniew M. Hasztrakiewicz Zbigniew M. Hasztrakiewicz P DATE 02-01-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MIKOS, W JOHN		1.2 NAME Zbigniew M. Hasztrakiewicz	
STREET ADDRESS 7482 N LEE WYNN DR		1.3 STREET ADDRESS 5051 Kestral Park Dr.	
CITY-ST-ZIP SARASOTA FL		1.4 CITY-ST-ZIP Sarasota, FL. 34231	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP	<input type="checkbox"/> DELETE	2.1 TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PUZYREWSKI, RENIA		2.2 NAME Nola Heger	
STREET ADDRESS 2724 LEAFY LANE		2.3 STREET ADDRESS 1520 Glen Oaks Dr.	
CITY-ST-ZIP SARASOTA FL		2.4 CITY-ST-ZIP Sarasota, FL. 34238	
TITLE SD	<input type="checkbox"/> DELETE	3.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KUZIORA EMILIA		3.2 NAME Victor Bik	
STREET ADDRESS 1860 SPRINGWOOD DRIVE		3.3 STREET ADDRESS 5856 Fairwood Cir.	
CITY-ST-ZIP SARASOTA FL		3.4 CITY-ST-ZIP Sarasota, FL 34243	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BEREZNIKI, BOGDAN		4.2 NAME Lucretia Sesniak	
STREET ADDRESS 2902 CAPIVA DRIVE		4.3 STREET ADDRESS 4205 Pine Meadow Terr.	
CITY-ST-ZIP SARASOTA FL		4.4 CITY-ST-ZIP Sarasota, FL 34233	
TITLE T	<input type="checkbox"/> DELETE	5.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BEREZNIKI, IRENE		5.2 NAME Arthur Greyson	
STREET ADDRESS 2902 CAPTIVA DR		5.3 STREET ADDRESS 1427 Landings	
CITY-ST-ZIP SARASOTA FL		5.4 CITY-ST-ZIP Sarasota, FL 34231	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WEBB, JANKA		6.2 NAME Adela Horodecka	
STREET ADDRESS 2724 LEAFY LANE		6.3 STREET ADDRESS 3638 Collins St.	
CITY-ST-ZIP SARASOTA FL		6.4 CITY-ST-ZIP Sarasota, FL. 34233	

14. 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: Zbigniew M. Hasztrakiewicz 02-01-1999 1-941-924-0899

CRZE037 (11/98)