

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739442

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: THE POLISH-AMERICAN CLUB OF SARASOTA, FLORIDA, INC.

**Current Principal Place of Business:**

5780 MIDNIGHT PASS RD.  
503B  
SARASOTA, FL 342423056 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 15771  
SARASOTA, FL 342771771 US

**New Mailing Address:**

FEI Number: 59-1696282      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

DZIEWIT, ALEXANDER E  
5780 MIDNIGHT PASS RD.  
503B  
SARASOTA, FL 342423056 US

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

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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: HASZLAKIEWICZ, ZBIGNIEW M  
Address: 5051 KESTRAL PARK DR.  
City-St-Zip: SARASOTA, FL 34231 S

Title: PRES ( ) Delete  
Name: POGONOWSKI, MAGDALENE  
Address: 988 BOULEVARD OF THE ARTS #314  
City-St-Zip: SARASOTA, FL 34236 S

Title: V-P ( ) Delete  
Name: THOMPSON, MARIA  
Address: 4478 DEER TRAIL BLVD.  
City-St-Zip: SARASOTA, FL 342435606

Title: SEC. ( ) Delete  
Name: FEDOROWICZ, ALICIA  
Address: 5213 MYRTLE WOOD  
City-St-Zip: SARASOTA, FL 34235 S

Title: TRES ( ) Delete  
Name: DZIEWIT, ALEXANDER E  
Address: 5780 MIDNIGHT PASS RD APT 583B  
City-St-Zip: SARASOTA, FL 342423056 S

Title: V-P ( ) Delete  
Name: SADOWSKI, HALINA  
Address: 8350 WINGATE DR #915  
City-St-Zip: SARASOTA, FL 342385407 S

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SEC. (X) Change ( ) Addition  
Name: FEDOROWICZ, ALICIA J  
Address: 3681 NEKOOSA ST.  
City-St-Zip: NORTH PORT, FL 342871818 S

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ALEXANDER E DZIEWIT

Electronic Signature of Signing Officer or Director

TREA

04/22/2009

Date