

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739442

FILED  
Feb 26, 2011  
Secretary of State

**Entity Name:** THE POLISH-AMERICAN ASSOCIATION OF SARASOTA, INC.

**Current Principal Place of Business:**

800 N. TAMIAMI TRAIL  
605  
SARASOTA, FL 34236 SA

**New Principal Place of Business:**

4598 HAMLETS GROVE DR.  
SARASOTA, FL 34235 US

**Current Mailing Address:**

P.O. BOX 15771  
SARASOTA, FL 342771771 SA

**New Mailing Address:**

P.O. BOX 15771  
SARASOTA, FL 342771771 US

FEI Number: 59-1696282

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SZYMANSKA, BARBARA A  
800 N. TAMIAMI TRAIL  
605  
SARASOTA, FL 34236 US

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

MIROSZEWSKA, ZOFIA  
4598 HAMLETS GROVE DR.  
SARASOTA, FL 34235 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: ZOFIA MIROSZEWSKA

02/26/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: JAGIELSKI, JERRY  
Address: 4905-A SWIFT RD.  
City-St-Zip: SARASOTA, FL 34231 US

Title: V-P1  
Name: MADURA, ANNA  
Address: 3614 57TH AVE. DR. W.  
City-St-Zip: BRADENTON, FL 34210 US

Title: V-P2  
Name: SZYMANSKA, BARBARA  
Address: 800 N. TAMIAMI TRAIL #605  
City-St-Zip: SARASOTA, FL 34236 US

Title: SEC.  
Name: FEDOROWICZ, ALICIA J  
Address: 3681 NEKOOSA ST.  
City-St-Zip: NORTH PORT, FL 342871818 US

Title: TREA  
Name: MIROSZEWSKA, ZOFIA  
Address: 4598 HAMLETS GROVE DR.  
City-St-Zip: SARASOTA, FL 34236 US

Title: DIR  
Name: POGONOWSKI, MAGDALENE J  
Address: 988 BOULEVARD OF THE ARTS #314  
City-St-Zip: SARASOTA, FL 34236 US

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: ZOFIA MIROSZEWSKA

TREA

02/26/2011

Electronic Signature of Signing Officer or Director

Date