

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 764247 (3)
1. Corporation Name
POLISH-AMERICAN CLUB OF COLLIER COUNTY, INC.



Principal Place of Business
**GOLDEN GATE COMMUNITY CNTR
4701 GOLDEN GATE PKWY
NAPLES FL 33999
US**

Mailing Address
**3410 17TH AVE S.W.
NAPLES FL 33964
US**

3. Date Incorporated or Qualified
07/21/1982

3a. Date of Last Report
04/10/1995

4. FEI Number
59-2369522

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip
24

Country
25

Zip
29

Country
30

9. Name and Address of Current Registered Agent

**GONSIEWSKI, JEROME
3410-17TH AVE., S.W.
NAPLES FL 33964**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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

[Signature]

JEROME GONSIEWSKI

1-26-96

Signature, typed or printed name of registered agent; and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	vice-president <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARZ, ANNE	1.2 NAME	
STREET ADDRESS	160 TENTH ST., S.E.	1.3 STREET ADDRESS	
CITY-ST-ZIP	GOLDEN GATE FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRUBEL, EDWARD	2.2 NAME	
STREET ADDRESS	120 MENTOR DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABRAMATIS, HELEN	3.2 NAME	
STREET ADDRESS	50-9TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SHORES FL	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACIEJEWICZ, NORMA	4.2 NAME	
STREET ADDRESS	2896-44 ST. S.W.	4.3 STREET ADDRESS	
CITY-ST-ZIP	GOLDEN GATE FL	4.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Director <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NOWSELSKI, STANLEY	5.2 NAME	John Pelka
STREET ADDRESS	66 EIGHTH ST	5.3 STREET ADDRESS	4930 14th Ave. S.W.
CITY-ST-ZIP	BONITA SPRINGS FL	5.4 CITY-ST-ZIP	Naples, Fl. 33999
TITLE	P <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONSICWSKI, JEROME	6.2 NAME	Gonsiewski
STREET ADDRESS	3410-17TH AVE., S.W.	6.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: **NORMA MACIEJEWICZ** *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-96

Date

455-0525

Daytime Phone #

CR2E037 (12/95)