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Apr 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34117-6122 US
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3. Date Incorporated or Qualified 07/21/1982	3a. Date of Last Report 02/08/1996
4. FEI Number 59-2369522	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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9. Name and Address of Current Registered Agent
**GONSIEWSKI, JEROME
3410-17TH AVE., S.W.
NAPLES FL 33964**

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 *Jerry Gonsiewski* **JERRY GONSIEWSKI** **3/21/97**
Signature of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	V SCHWARZ, ANNE
STREET ADDRESS	180 TENTH ST., S.E.
CITY - ST - ZIP	GOLDEN GATE FL
TITLE	<input type="checkbox"/> DELETE
NAME	D WRUBEL, EDWARD
STREET ADDRESS	120 MENTOR DR.
CITY - ST - ZIP	NAPLES FL
TITLE	<input type="checkbox"/> DELETE
NAME	D ABRAMATIS, HELEN
STREET ADDRESS	50-9TH STREET
CITY - ST - ZIP	BONITA SHORES FL
TITLE	<input type="checkbox"/> DELETE
NAME	T MACIEJEWICZ, NORMA
STREET ADDRESS	2808-14 ST. S.W. 6352 HUNTINGTON LAKES
CITY - ST - ZIP	GOLDEN GATE FL NAPLES, FL
TITLE	<input type="checkbox"/> DELETE
NAME	D PELKA, JOHN
STREET ADDRESS	4930 - 14TH AVE SW
CITY - ST - ZIP	NAPLES FL
TITLE	<input type="checkbox"/> DELETE
NAME	P GONSIEWSKI, JEROME
STREET ADDRESS	3410-17TH AVE., S.W.
CITY - ST - ZIP	NAPLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	CIRCLE #104
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: *Norma Maciejewicz* **NORMA MACIEJEWICZ** **4/10/97** **941-513-1854**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0060732

CR2E037 (9/96)