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Feb 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N01240** (3)

1. Corporation Name

AMERICAN-SLAVIC CLUB OF LEE COUNTY, INC.

Principal Place of Business

Mailing Address

% MICHAEL A. GENNARO
4635 S. DEL PRADO BLVD.
CAPE CORAL FL 33904

% MICHAEL A. GENNARO
4635 S. DEL PRADO BLVD.
CAPE CORAL FL 33904



2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 4201 CORONADO PKWY
22 City & State	27 % PASKIEWICZ
23 Zip	28 CAPE CORAL, FL
24 Country	29 33904
25	30 LEE

3. Date Incorporated or Qualified	02/03/1984
4. FEI Number	59-2190443
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
7. Is this nonprofit corporation a homeowners association?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
WOLONOSKY, HARRY 711 SW 10TH STREET CAPE CORAL FL 33901

10. Name and Address of New Registered Agent
81 Name KOSYDAR, ELISABETH
82 Street Address (P.O. Box Number is Not Acceptable) 1616 S.E. 40TH TERR
83
84 City CAPE CORAL, FL 85 Zip Code 33904

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 **JOHN PASKIEWICZ** (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent Signature Required when reinstating) DATE **2-17-98**

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	WOLONOSKY, HARRY
STREET ADDRESS	711 SW 10TH STREET
CITY-ST-ZIP	CAPE CORAL FL
TITLE	VP
NAME	FIGURSKI, MIKE
STREET ADDRESS	1415 SW 29TH STREET
CITY-ST-ZIP	CAPE CORAL FL
TITLE	VP
NAME	ZBIERANOWSKI, RICHARD
STREET ADDRESS	2003 SE 8TH TERRACE
CITY-ST-ZIP	CAPE CORAL FL
TITLE	DT
NAME	KOWALCZYK, WALTER
STREET ADDRESS	5510 SW 4TH PLACE, 205
CITY-ST-ZIP	CAPE CORAL FL
TITLE	D
NAME	PAWLAK, BEN
STREET ADDRESS	1128 ELDORADO PARKWAY, W.
CITY-ST-ZIP	CAPE CORAL FL
TITLE	D
NAME	PAWLAK, HENRIETTA
STREET ADDRESS	1128 ELDORADO PKWY WEST
CITY-ST-ZIP	CAPE CORAL FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P
1.2 NAME	KOSYDAR, ELISABETH
1.3 STREET ADDRESS	1616 S.E. 40TH TERRACE
1.4 CITY-ST-ZIP	CAPE CORAL FL 33904
2.1 TITLE	KOWALCZYK, WALTER V.P.
2.2 NAME	KOWALCZYK, WALTER
2.3 STREET ADDRESS	5510 S.W. 4TH PLACE, 205
2.4 CITY-ST-ZIP	CAPE CORAL, FL 33919
3.1 TITLE	AREY, LOIS
3.2 NAME	AREY, LOIS
3.3 STREET ADDRESS	4164 COUNTRY CLUB BLVD
3.4 CITY-ST-ZIP	CAPE CORAL, FL, 33904
4.1 TITLE	PASKIEWICZ, JOHN
4.2 NAME	PASKIEWICZ, JOHN
4.3 STREET ADDRESS	4201 CORONADO PKWY
4.4 CITY-ST-ZIP	CAPE CORAL, FL 33904
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: **JOHN PASKIEWICZ** 2-17-98 941 542-4702

CP2E037 (10/97)