

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01240

1. Corporation Name

AMERICAN-SLAVIC CLUB OF LEE COUNTY, INC.

Principal Place of Business % MICHAEL A. GENNARO 4635 S.DEL PRADO BLVD. CAPE CORAL FL 33904 Mailing Address

4201 CORONADO PKWY C/O PASKIEWICZ CAPE CORAL FL 33904 ັ99283 · 90006 · 41 ³

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02-23-1999 90006 041 ****61.25

| 2. Principal Place of Business 21 CAPACURAL YACHT CLUB 26 5510 S.W 4+ | | | Date Incorporated or Qualifed 02/03/1984 | | | | | |
|--|--|-----------------------------|---|--------------------------------|--|--|--|--|
| Suite, Apt. #, etc. | | | 4. FEI Number 59-2190443 | Applied For Not Applicable | | | | |
| City & State | 27 P. PT. # 20 City & State 28 CAPE CORPL | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | | | | |
| Zip Country | | LES LES | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | | | | |
| Name and Address of Current Registered Agent | | | 10. Name and Address of New Registered Agent | | | | | |
| KOSYDAR, ELISABETH 1616 S E 40TH TERR CAPE CORAL FL 33904 | 81 Name WALTGIZ KOWALCZYK 82 Street Address (P.O. Box Number is Not Acceptable) \$5510 5. w. 4 + PL 83 FPT 205 84 City C 2000 0 23 4 85 Zip Code | | | | | | | |
| 1. 20 W20 1. 10 PM | | | | L 3500 _ | | | | |
| 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 SIG | | | | | | | | |
| Signature, typed or printed name of registered ages | | ed Agent signature required | when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A | ND DIPECTORS IN 12 | | | | |
| | ID DIRECTORS 13 | | | *** | | | | |
| TITLE P | 7 | TREP W | IALTER KOWALCZYK | 4 | | | | |
| NAME KOSYDAR, ELISABETH | | NAME STREET ADDRESS | 5510 S.W. 4th PL | APT 205 | | | | |

| Signature, typed or printed name of registered against and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | | |
|--|---------------------------|----------|-----------------------------------|----------------------------------|------------|---------------|--|--|--|--|
| 12. | OFFICERS AND DIRECTORS | | 13. | ADDITIONS/CHANGES TO OFFICERS AN | | | | | | |
| TITLE | P | DELETE | 1.1 TITLE P | WALTER KOWALCZYK | (X) Change | Addition | | | | |
| NAME | Kosydar, Elisabeth | | 1.2 NAME | 5510 S.W. 4th PL. | APT 2 | oS | | | | |
| STREET ADDRESS | 1616 S E 40TH TERR | | 1.3 STREET ADDRESS | CAPE CORAL, FL 3 | 3904 | | | | | |
| CITY-ST-ZIP | CAPE CORAL FL 33904 | | 1.4 CITY-ST-ZIP | | | | | | | |
| TITLE | VP | DELETE | 2.1 TITLE \(\frac{1}{V}\)? | VICE PRESIDENT | Change | ☐ Addition | | | | |
| NAME | KOWALCZYK, WALTER | | 2.2 NAME | HELEN MOCK | | | | | | |
| STREET ADDRESS | 5510 SW 4TH PL 205 | | 2.3 STREET ADDRESS | 13571 WILLOW BILIDGE DA | ٧, | | | | | |
| CITY-ST-ZIP | CAPE CORAL FL 33904 | | 2. 4 CITY-ST-ZIP | N. FT. MYERS, FL 330 | 103 | | | | | |
| TITLE | VP | DELETE | 3.1 TITLE | | Change | ☐ Addition | | | | |
| NAME | AREY, LOIS | | 3.2 NAME | | | | | | | |
| STREET ADDRESS | 4164 COUNTRY CLUB BLVD | | 3.3 STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | CAPE CORAL FL 33904 | | 3.4. CITY-ST-ZIP | | | | | | | |
| TITLE | 7 | ☐ DELETÉ | 4.1 TITLE | | Change | ☐ Addition | | | | |
| NAME | PASKIEWICZ, JOHN | | 4. 2 NAME | | | | | | | |
| STREET ADDRESS | 4201 CORONOADO PKWY | | 4.3 STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | CAPE CORAL FL 33904 | | 4.4 CITY-ST-ZIP | | -W | | | | | |
| TITLE | D | 🔀 DEFELE | 5.1 TITLE 1D | DIRECTOR | Change | Addition | | | | |
| NAME | Pawlak, Ben | | 5.2 NAME | MARIAM MOORE | | | | | | |
| STREET ADDRESS | 1128 ELDORADO PARKWAY, W. | | 5.3 STREET ADDRESS | 905 S. E 23 BD TEZR | ¬- | 3/32 A | | | | |
| CITY-ST-ZIP * | CAPE CORAL FL | | 5.4 CITY-ST-ZIP | CAPE CORNL, FL | | <u> 3440 </u> | | | | |
| TITLE | D:_ 45 \ : | DELETE | 6.1 TITLE ·10 | DIRECTOR | Change | Addition | | | | |
| NAME | PAWLAK, HENRIETTA | | 6.2 NAME | MITCHEL WROBEL | 4 | | | | | |
| STREET ADDRESS | 1128 ELDORADO PKWY WEST | | 6.3 STREET ADDRESS | 4020 S.E. 20 PL APT F | | | | | | |
| CITY-ST-ZIP | CAPE CORAL FL | | 6.4 CITY-ST-ZIP | CAPE CORMA, FL | 3390 | 4 | | | | |

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 apdress, with all other like empowered.

SIGNATURE: Dutto-GHOWAN LANGE OF SIGNING OFFICE OR DIRECTOR WALTER KOWALCZYK, 1-4-99, 941- 549-6512

2E037 (11/98)