FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N42166 (1)					
THE POLAND FOUNDATION, INC.					
Principal Place	a of Buelogee	Mailing Address			Î IBBINDE DÎR DIRÎN MODÎ NÎDÎN BÊNÎN DINÎ DERÎN DINÎN DÎNÎN DÎNÎN DÎNÎN DÎNÎN DÎNÎN DÎNÎN DÎNÎN DÎNÎN DÎN
4601 COMMUNITY DRIVE 4601 COMMUNITY DRIVE WEST PALM BEACH FL 33417-7601 WEST PALM BEACH FL 33					3. Date Incorporated or Qualified
1					02/19/1991 4. FEI Number Applied For
					4. FEI Number Applied For Not Applied by Not Applied For
2. Principal Place of Business		2a. Mailing Address			5. Certificate of Status Desired S8.75 Additional
21		26			Fee Required
Suite, Apt. #, etc.		Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & State		City & State			7. Is this nonprofit corporation a homeowners association?
23		26			Yes No
Zip	Country	Zip	Count	ry	8. This corporation owes or has paid the current year intangible
24	25	29	30		Personal Property Tax due June 30. Yes No
	9. Name and Address of Curren	it Registered Agent		11 Name	10. Name and Address of New Registered Agent
N CIN I	ičččnev i		Ľ		
KLEIN, JEFFREY L. 4601 COMMUNITY DRIVE				2 Street Add	dress (P.O. Box Number is Not Acceptable)
	ALM BEACH FL 33417-2760		8	3	
•••			8	4 City	85 Zip Code
				1,	FL ~
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.					
agent. I a	m familiar with, and accept the oblige	ations of, Section 617.0503, F	Iorida Statut	.08.	And to bould at an octory, thousand acceptance approximation and the contract of
SIGNATURE .	Signature, typed or printed name of registered ager	and and title if annivable (NC	TF: Boolstered A	trent sinnshura regu	uired when reinstating) DATE
12.	OFFICERS AND DIRECTORS		13.	Sour sitt service sector	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE	i	☐ Change ☐ Addition
HAME	POLAND, TED		1.2 NAMI	E)	
STREET ADDRESS	1714 CONSULATE PLACE		1.3 STRE	ET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL	- OFFICE	1.4 CITY		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	POLAND, MILDRED 1714 CONSULATE PLACE		2.2 NAME	- 1	
STREET ADDRESS City-St-Zip	W PALM BEACH FL			ET ADDRESS (+ST-ZIP	
TITLE	T	DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PHILLIPS, EUGENE	_ -	3.2 NAME		- •
STREET ADDRESS	1191 N OCEAN WAY		3.3 STRE	ET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL		3.4. CITY	/-ST-ZIP	
TITLE	\$D	DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GREEN, BARBARA GORDON		4. 2 NAM		
STREET ADDRESS	583 NORTH LAKE WAY		•	ET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	DELETE	4.4 CITY		☐ Change ☐ Addition
TITLE	d Blonder, Erwin H.	De Deter	5.1 TITLE		☐ OIRHÎ□ ☐ Vranon
NAME CTRCCT ANNACCE	241 W INDIES DRIVE		5,2 NAME		
STREET ADDRESS CITY-ST-ZIP	PALM BEACH FL			ET ADDRESS	
TITLE	D	☐ DELETE	5.4 CITY- 6.1 TITLE		Change Addition
NAME	KLEIN, JEFFREY L.	_	6.2 NAME		_ ,
STREET ADDRESS	7905 TENNYSON COURT			ET ADDRESS	
CITY-\$7-7IP	BOCA RATON FL		6.4 CITY		

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 supplied enter any 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 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 any great and that my name address.

SIGNATURE:

BLULGE

541-478-0700

FILED

Mar 31 1998 8:00am

Secretary of State