

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N43245**

**(2)**

1. Corporation Name

**POLISH AMERICAN CLUB POLONEZ INC.**



Principal Place of Business

Mailing Address

7310 SOUTHGATE BLVD.  
NORTH LAUDERDALE FL 33068  
US

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NORTH LAUDERDALE FL 33068  
US

3. Date Incorporated or Qualified  
**05/06/1991**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**65-0267658**

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 ☐

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PARADOWSKI, CHESTER  
7310 SOUTHGATE BLVD.  
N. LANUDERDALE FL 33068**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BIELINSKI, MARK	
STREET ADDRESS	23259 CEDAR HOLLOW WAY	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SOSNOWKA, EWA	
STREET ADDRESS	4811 NE 13TH TERR.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DORTA, PROBKA	
STREET ADDRESS	113 LAKE EMERALD DR.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	KASPEROWICZ, GRAZYNA	
STREET ADDRESS	470 NW 20TH ST.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JACKWOSKI, STEFAN	
STREET ADDRESS	3917 WASHINGTON ST	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LENISZEWSKI, ZYGMUNT	
STREET ADDRESS	4814 NW 47TH TERR.	
CITY-ST-ZIP	TAMARAC FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	KLIMCZAK ARTHUR	
13 STREET ADDRESS	7018 NW 100 TERR	
14 CITY-ST-ZIP	TAMARAC FL 33321	
21 TITLE	S.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	SOSNOWKA EDWARD	
23 STREET ADDRESS	4811 NE 13TH TERR	
24 CITY-ST-ZIP	FT LAUDERDALE FL 3334	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/22/96

407 482-8609

CR2E037 (12/95)