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Feb 17 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 # **N94000003736 (5)**

1. Corporation Name

SUPPORTERS OF POLISH ANTARCTIC STATION INC.

Principal Place of Business

Mailing Address

**3150 REGATTA CIR
SARASOTA FL 34231**

**3150 REGATTA CIR
SARASOTA FL 34231**

3. Date Incorporated or Qualified

07/27/1994

4. FEI Number

65-0521721

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HASZLAKIEWICZ, ZBIGNIEW M
5051 KESTRAL PARK DR
SARASOTA FL 34231**

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

☐ DELETE

PD
NAME ZWIERSKI, JADWIGA
STREET ADDRESS 3150 REGATTA CIRCLE
CITY-ST-ZIP SARASOTA FL

☐ DELETE

D
NAME BIK, WIKTOR
STREET ADDRESS 5856 FAIRWOODS CIR
CITY-ST-ZIP SARASOTA FL

☐ DELETE

SD
NAME PONCET, WLADYSLAW
STREET ADDRESS 1404 CASEY KEY RD
CITY-ST-ZIP NOKOMIS FL

☐ DELETE

TD
NAME KOZLOWSKI, KRYSZYNA
STREET ADDRESS 7284 CLOISTER DR
CITY-ST-ZIP SARASOTA FL

☐ DELETE

CD
NAME HASZLAKIEWICZ, ZBIGNIEW
STREET ADDRESS 5051 KESTRAL PARK DR
CITY-ST-ZIP SARASOTA FL

☒ DELETE

D
NAME NETOTEA, IWONA
STREET ADDRESS 8264 SHADOW PINE WAY
CITY-ST-ZIP SARASOTA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☒ Addition

D
NAME GRZYBOWSKI BOHDAN
STREET ADDRESS 3934 BASSWOOD DR
CITY-ST-ZIP SARASOTA FL

☐ Change ☒ Addition

D
NAME MADURA ANNA
STREET ADDRESS 3614 57th AVE DR
CITY-ST-ZIP BRADENTON FL

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

Krysztyna Kozłowska

2/11/98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/97)