

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90225 038 \*\*\*\*75.00

**DOCUMENT # N98000004051**

1. Entity Name

POLISH AMERICAN SENIORS ASSOCIATION, INC.



Principal Place of Business

4350 16TH STREET NORTH  
SAINT PETERSBURG FL 33703

Mailing Address

P.O. BOX 7852  
CLEARWATER FL 33758

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3532692

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROGALSKI, EDWARD  
2891 ARMADILLO DRIVE  
PALM HARBOR FL 34683

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution.



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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
SIMONS, IRENA K  
13866 84TH TERRACE N  
SEMINOLE FL 33776 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
ROGALSKI, EDWARD  
2891 ARMADILLO DR.  
PALM HARBOR FL 34683 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPD  
STASIOV, STANLEY  
6901 32ND AVE NORTH  
SAINT PETERSBURG FL 33710 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TFA  
ABRAMOWICZ, WALTER  
3462 BRAZILLA DR., APT 54  
CLEARWATER FL 33763 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DS  
LALING, KUBIK  
6441 82ND AVE NORTH  
PINELLAS PARK FL 34665 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S/D  
Mira Bielewicz  
11261 - 142 Street  
Largo, FL. 33774 ☒ Change ☒ Addition  
{ appears as first name - first last name - second

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DCOD  
WLADISLAW, HAZLAK  
11082 56TH AVE NORTH  
SEMINOLE FL 33772 ☐ Delete  
(misspelled name)

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DCOD  
WLADYSLAW HYZIAK  
11082 - 56 AVE. N.  
Seminole, FL. 33772 ☒ Change ☐ Addition  
{ appears as first name - first last name - second

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Irena K. Simons* (Irena K. Simons)

4/20/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #