

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90108 049 ****70.00

DOCUMENT # N98000004051 1. Entity Name POLISH AMERICAN SENIORS ASSOCIATION, INC.	
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Principal Place of Business 4350 16TH STREET NORTH SAINT PETERSBURG, FL 33703	Mailing Address P.O. BOX 7009 ST PETERSBURG, FL 33734
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

20034552



04082005 Chg-NP CR2E037 (10/03)

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 ROGALSKI, EDWARD 2891 ARMADILLO DRIVE PALM HARBOR, FL 34683	7. Name and Address of New Registered Agent Name <u>Vatson, Max (President)</u> Street Address (P.O. Box Number is Not Acceptable) <u>1625 - 21st Ave. N.</u> City <u>St. Petersburg</u> FL <u>33713</u>
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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 Max Watson (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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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	P.D. Vatson, Max 1625-21st Ave., N. St. Petersburg, FL 33713 ☐ 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	T.D. Weisenel, Jadwiga 8801-15th Way, N. St. Petersburg, FL 33702 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STASLOW, 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	V.P.D. Abramowicz, Walter 13818 Martinique Dr., N. Seminole, FL 33776 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BIELEWICZ, MIRA 11261 - 142 STREET LARGO, FL 33774 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S.T. Bielewicz, Mira 11261 - 142nd St., N. Largo, FL 33774 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCOD WLADYSLAW, HYZIAK 11082 56TH AVE NORTH SEMINOLE, FL 33772 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.C.O.D. Hyziak, Wladyslaw 11082 - 56th Ave., N. Seminole, FL 33772 ☒ Change ☐ Addition

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: Max Watson (727) 821-7590
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #