

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90189 029 ****61.25

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 7009
ST PETERSBURG FL 33734



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

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

VATSON, MAX
1625 21ST AVE N
SAINT PETERSBURG FL 33713

7. Name and Address of New Registered Agent

Name ABRAMOWICZ, WALTER

Street Address (P.O. Box Number is Not Acceptable)
13818 Martinique Dr.

City Largo, FL

City Largo

FL

Zip Code 33776

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

Walter Abramowicz

Walter Abramowicz

4/25/06

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, 2006

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	VATSON, MAX	
STREET ADDRESS	1625 21ST AVE N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33713	

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	WEISENEL, JADWIGA	
STREET ADDRESS	8801 15TH WAY N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33702	

TITLE	VPD	<input type="checkbox"/> Delete
NAME	ABRAMOWICZ, WALTER	
STREET ADDRESS	13818 MARTINIQUE DR N	
CITY-ST-ZIP	SEMINOLE FL 33776	

TITLE	ST	<input type="checkbox"/> Delete
NAME	BIELEWICZ, MIRA	
STREET ADDRESS	11261 142ND ST N	
CITY-ST-ZIP	LARGO FL 33774	

TITLE	DCOD	<input type="checkbox"/> Delete
NAME	HYZIAK, WLADYSLAW	
STREET ADDRESS	11082 56TH AVE NORTH	
CITY-ST-ZIP	SEMINOLE FL 33772	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OLES, MARTIN	
STREET ADDRESS	8333 SEMINOLE BVLD.	
CITY-ST-ZIP	PINELLAS PARK, FL.	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHAPINSKI, BEN (VPR)	
STREET ADDRESS	4299 22nd DR.N.	
CITY-ST-ZIP	SAINT PETERSBURG, FL. 33714	

TITLE	PURCHASING DIRECTOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUBAS, FELICJA	
STREET ADDRESS	1037 34th AVE.	
CITY-ST-ZIP	SAINT PETERSBURG, FL. 33704	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Walter Abramowicz

4/25/06