2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2009
Secretary of State

DOCUMENT# N98000004051

Entity Name: POLISH AMERICAN SENIORS ASSOCIATION, INC.

Current Principal Place of Business:

4350 16TH STREET NORTH
SAINT PETERSBURG, FL 33703

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 7452
ST PETERSBURG, FL 33734

New Mailing Address:

FEI Number: 59-3532692 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ABRAMOWICZ, WALTER
13818 MARTINIQUE DR
LARGO, FL 33776 US

Name and Address of New Registered Agent:

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.

SIGNATURE: ______________________________

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	BEDNARSKI, MARIANNA	
Address:	255 CAPRI CR	
City-St-Zip:	TREASURE ISLAND, FL 33706	
Title:	VPR	( ) Delete
Name:	KESSEL, HALINA	
Address:	13818 MARTINIQUE DR	
City-St-Zip:	LARGO, FL 33776	
Title:	S	( ) Delete
Name:	BIELEWICZ, MIRA	
Address:	11261 142ND ST N	
City-St-Zip:	LARGO, FL 33774	
Title:	T	( ) Delete
Name:	ABRAMOWICZ, WALTER	
Address:	13818 MARTINIQUE DR	
City-St-Zip:	LARGO, FL 33776	
Title:	C	( ) Delete
Name:	HYZIAK, WLADYSLAW	
Address:	11082 56TH AVE NORTH	
City-St-Zip:	SEMINOLE, FL 33772	
Title:	D	( ) Delete
Name:	CIESLIKOWSKI, AGATA	
Address:	1742 42ND ST N	
City-St-Zip:	ST. PETERSBURG, FL 33713	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER ABRAMOWICZ T 05/14/2009

Electronic Signature of Signing Officer or Director Date