

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N99000001393

1. Entity Name
**POLISH ARMY VETERANS ASSOCIATION OF AMERICA,
INC. POST NO. 210**



Principal Place of Business
**C/O POLISH CENTER
1521 N SATURN AVE
CLEARWATER, FL 33755**

Mailing Address
**C/O POLISH CENTER
1521 N SATURN AVE
CLEARWATER, FL 33755 US**

FILED
Apr 27, 2006 08:00 AM
Secretary of State



04162006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
59-3510236

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

8. Name and Address of Current Registered Agent

**SAWKO, JAN
5228 LANDOVER BLVD
BROOKSVILLE, FL 34609**

**DO NOT WRITE
IN THIS SPACE**

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 **Zofia Chwastek**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-18-2006

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC SAWKO, JAN 5228 LANDOVER BLVD SPRING HILL, FL 34609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHWASTEK, ZOFIA 526 HARNOR DRIVE NORTH INDIAN ROCKS BEACH, FL 33785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WISNIEWSKI, HENRY 4995 BAY ST. NE SAINT PETERSBURG, FL 33703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RZONCA, JULIAN 5440 8 AVE N SAINT PETERSBURG, FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000537457
05/09/06-80018-016 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Zofia Chwastek **Zofia Chwastek** **April, 18, 2006.** **727-596-5536.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #