

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19525

**Entity Name:** POLYWOGS, INC.**Current Principal Place of Business:**14812 FEATHER COVE LANE  
CLEARWATER, FL 33762**Current Mailing Address:**14812 FEATHER COVE LANE  
CLEARWATER, FL 33762 US**FEI Number:** 59-2602598**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STRITE, NANCY J  
14812 FEATHER COVE LANE  
CLEARWATER, FL 33762 US*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:** NANCY J. STRITE

01/03/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name HOEWT, AXEL P, D  
Address 5656 CENTRAL AVENUE  
City-State-Zip: ST. PETERSBURG FL 33707

Title D  
Name BERSSET, DEREK  
Address 1 BEACH DRIVE, SE  
#230  
City-State-Zip: ST. PETE FL 33701

Title T, D  
Name PENROSE, PJ  
Address 2526 MADRID WAY  
City-State-Zip: ST. PETE FL 33712

Title D  
Name FISHER, GREG  
Address 8287 32ND AVENUE N.  
City-State-Zip: ST. PETE FL 33710

Title D  
Name HEINKEL, R LAWRENCE D  
Address 9600 KOGER BLVD., N.  
#208  
City-State-Zip: ST. PETERSBURG FL 33702

Title DIRECTOR  
Name CHMEIELEWSKI, MARK  
Address 1900 BRIGHTWATERS BLVD.  
City-State-Zip: ST. PETE FL 33604

Title D  
Name POWELL, PHIL  
Address 5224 62ND AVENUE S  
402  
City-State-Zip: ST. PETE FL 33715

Title D  
Name WYCKOFF, MIKE  
Address 161 - 131RST AVENUE EAST  
City-State-Zip: MADEIRA BEACH FL 33708

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE:** AXEL HOEWT**PRESIDENT**

01/03/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title D  
Name BYELICK, ROBERT  
Address 125 RAMON WAY  
City-State-Zip: ST. PETE FL 33704  
  
Title DIRECTOR  
Name ROBINSON, SCOTT  
Address 6525 6TH AVE. N  
City-State-Zip: ST. PETERSBURG FL 33715

Title DIRECTOR  
Name QUARLES, DANIEL  
Address 3710 10TH AVE, NE  
City-State-Zip: ST. PETERSBURG FL 33704  
  
Title DIRECTOR  
Name TOTH, DREW  
Address 118 SUNSET DR.  
City-State-Zip: ST. PETERSBURG FL 33707