

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 723775 (3)

1. Corporation Name

POLYNESIAN GARDENS CONDOMINIUMS, INC



Principal Place of Business

400 N W 68TH AVE
PLANTATION FL 33317

Mailing Address

400 N W 68TH AVE
PLANTATION FL 33317

3. Date Incorporated or Qualified
06/29/1972

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

Country

29

Zip

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SUMMIT PROPERTY MGMT.
6289 W. SUNRISE BLVD
STE 202
SUNRISE FL 33313

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-statuting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TD
KOPF, AL
406 NW 68TH AVE #109
PLANTATION, FL 00000

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
HAMMERMAN, HELEN
408 NW 68TH AVE # 207
PLANTATION, FL 00000

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
LOUIS MESNER
1403 NW 68 AVE., APT 417
PLANTATION, FL 00000

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

SD
POTASH, EDITH
410 NW 68TH AVE #205
PLANTATION, FL 00000

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
CARL SHAREMAN
406 NW 68 AVE., APT 420
PLANTATION FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
AL SPIEGEL
410 NW 68 AVE., APT 217
PLANTATION FL

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Edith Potash : Edith Potash
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Acty.

4/1/96

954-791-0505
Daytime Phone #

CR2E037 (12/95)