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Feb 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33317-7501
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 06/29/1972	3a. Date of Last Report 04/05/1996
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	KOPF, AL	
STREET ADDRESS	406 NW 68TH AVE #109	
CITY-ST-ZIP	PLANTATION, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAMMERMAN, HELEN	
STREET ADDRESS	408 NW 68TH AVE # 207	
CITY-ST-ZIP	PLANTATION, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LOUIS MESNER	
STREET ADDRESS	1403 NW 68 AVE., APT 417	
CITY-ST-ZIP	PLANTATION, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	POTASH, EDITH	
STREET ADDRESS	410 NW 68TH AVE #205	
CITY-ST-ZIP	PLANTATION, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CARL SHAREMAN	
STREET ADDRESS	406 NW 68 AVE., APT 420	
CITY-ST-ZIP	PLANTATION FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	AL SPIEGEL	
STREET ADDRESS	410 NW 68 AVE., APT 217	
CITY-ST-ZIP	PLANTATION FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	George Fleischer #415	
1.3 STREET ADDRESS	403 N.W. 68th AVE #415	
1.4 CITY-ST-ZIP	PLANTATION, FL. 33317	
2.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MILTON KORMAN	
2.3 STREET ADDRESS	404 N.W. 68th AVE. #116	
2.4 CITY-ST-ZIP	PLANTATION, FL. 33317	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Louis Mesner Pres.* 2/4/97

CR2E037 (9/96)