


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 23 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 723775 (3)**  
1. Corporation Name  
**POLYNESIAN GARDENS CONDOMINIUMS, INC**



Principal Place of Business <b>400 N W 68TH AVE PLANTATION FL 33317</b>	Mailing Address <b>400 N W 68TH AVE PLANTATION FL 33317</b>
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3. Date Incorporated or Qualified <b>06/29/1972</b>	
4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. P.O. Box 189013 28. City & State 29. Zip 30. Country
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9. Name and Address of Current Registered Agent <b>SUMMIT PROPERTY MGMT. 6289 W. SUNRISE BLVD STE 202 SUNRISE FL 33313</b>	10. Name and Address of New Registered Agent <b>Castle Property Services Group, Inc. 4450 W. Sunrise Blvd. Suite C-100 Plantation, Fl. 33317</b>
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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: Gail H. Sangunett **Gail H. Sangunett, Vice President - Administration 4/13/98**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>V.P.</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KOPF, AL</b>	1.2 NAME	<b>KOPF, AL</b>
STREET ADDRESS	<b>406 NW 68TH AVE #109</b>	1.3 STREET ADDRESS	<b>406 NW 68 Ave.</b>
CITY-ST-ZIP	<b>PLANTATION, FL 00000</b>	1.4 CITY-ST-ZIP	<b>Plantation, Fl. 33317</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>T.D.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HAMMERMAN, HELEN</b>	2.2 NAME	<b>Frank Bohram</b>
STREET ADDRESS	<b>408 NW 68TH AVE # 207</b>	2.3 STREET ADDRESS	<b>410 NW 68th Ave #308</b>
CITY-ST-ZIP	<b>PLANTATION, FL 00000</b>	2.4 CITY-ST-ZIP	<b>Plantation, Fl 33317</b>
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>P.D.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LOUIS MESNER</b>	3.2 NAME	<b>George Fleischer</b>
STREET ADDRESS	<b>1403 NW 68 AVE., APT 417</b>	3.3 STREET ADDRESS	<b>403 NW 68th. Ave. #415</b>
CITY-ST-ZIP	<b>PLANTATION, FL 00000</b>	3.4 CITY-ST-ZIP	<b>Plantation, Fl. 33317</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POTASH, EDITH</b>	4.2 NAME	<b>Dave Russakoff</b>
STREET ADDRESS	<b>410 NW 68TH AVE #205</b>	4.3 STREET ADDRESS	<b>404 NW 68th. Ave. # 106</b>
CITY-ST-ZIP	<b>PLANTATION, FL 00000</b>	4.4 CITY-ST-ZIP	<b>Plantation, Fl. 33317</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARL SHAREMAN</b>	5.2 NAME	
STREET ADDRESS	<b>406 NW 68 AVE., APT 420</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PLANTATION FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AL SPIEGEL</b>	6.2 NAME	
STREET ADDRESS	<b>410 NW 68 AVE., APT 217</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PLANTATION FL</b>	6.4 CITY-ST-ZIP	

14. I 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: George Fleischer **George Fleischer** (954) 792-6000  
**March 31, 1998**

CR2E037 (10/97)