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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 723775

1. Corporation Name

POLYNESIAN GARDENS CONDOMINIUMS, INC

Principal Place of Business

400 N W 68TH AVE
 PLANTATION FL 33317

Mailing Address

C/O CASTLE GROUP
 P. O. BOX 189013
 PLANTATION FL 33318
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

06/29/1972

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

CASTLE PROPERTY SERVICES GROUP
 4450 WEST SUNRISE BLVD
 SUITE C-100
 PLANTATION FL 33313

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD <input type="checkbox"/> DELETE	1.1 TITLE	2D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOPF, AL	1.2 NAME	
STREET ADDRESS	406 NW 68TH AVE #109	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION, FL 00000 33317	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOHRAM, FRANK	2.2 NAME	
STREET ADDRESS	410 NW 68TH AVE, #308	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33317	2.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLEISCHER, GEORGE	3.2 NAME	Sweisberger, Abbie
STREET ADDRESS	403 NW 68TH AVE, #415	3.3 STREET ADDRESS	403 NW 68th AVE. #219
CITY-ST-ZIP	PLANTATION FL 33317	3.4 CITY-ST-ZIP	Plantation, FL
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POTASH, EDITH	4.2 NAME	Simon, Alan
STREET ADDRESS	410 NW 68TH AVE #205	4.3 STREET ADDRESS	404 NW 68th AVE #507
CITY-ST-ZIP	PLANTATION, FL 00000	4.4 CITY-ST-ZIP	Plantation, FL
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSAKOFF, DAVE	5.2 NAME	
STREET ADDRESS	404 NW 68TH AVE, #106	5.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33317	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AL SPIEGEL	6.2 NAME	
STREET ADDRESS	410 NW 68 AVE., APT 217	6.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	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, with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRED** AL Kopf, President. 3/22/99 (954) 792-6000

CR2E037 (1/98)