

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 723775

1. Entity 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 33318-9013
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Castle Management, Inc.

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

City

FL

Zip Code

8. 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

Gail H. Sangunett

Gail H. Sangunett, Vice President

1/28/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KOPF, AL 406 NW 68TH AVE #109 PLANTATION FL 33317	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BOHRAM, FRANK 410 NW 68TH AVE, #308 PLANTATION FL 33317	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SWEISBERGER, ABBIE 403 NW 68TH AVE #219 PLANTATION FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SIMON, ALLAN 404 NW 68TH AVE #507 PLANTATION FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RUSSAKOFF, DAVE 404 NW 68TH AVE, #106 PLANTATION FL 33317	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD AL SPIEGEL 410 NW 68 AVE., APT 217 PLANTATION FL	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D POTASH, EDITH 410 NW 68TH AVE #205 Plantation, FL 33317	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Schlainer, Paul 403 NW 68TH AVE #103 Plantation, FL 33317	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Frank Bohram
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frank Bohram, President 3/21/00 (954) 791-0505

Date

Daytime Phone #

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90095 042 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)