

**2000 UNIFORM BUSINESS REPORT (UBR)**

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

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



DO NOT WRITE IN THIS SPACE

**DOCUMENT # 723775**

1. Entity Name  
**POLYNESIAN GARDENS CONDOMINIUMS, INC**

Principal Place of Business      Mailing Address

**400 N W 68TH AVE  
 PLANTATION FL 33317**      **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      Applied For

**NOT APPLICABLE**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

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

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**FILE NOW: FEE IS \$61.25**      **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	<b>PD KOPF, AL 406 NW 68TH AVE #109 PLANTATION FL 33317</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ED POTASH, EDITH 410 NW 68th AVE #205 Plantation, FL 33317</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD BOHRAM, FRANK 410 NW 68TH AVE, #308 PLANTATION FL 33317</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD SWEISBERGER, ABBIE 403 NW 68TH AVE #219 PLANTATION FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SIMON, ALLAN 404 NW 68TH AVE #507 PLANTATION FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D RUSSAKOFF, DAVE 404 NW 68TH AVE, #106 PLANTATION FL 33317</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ED Schildiner, Paul 403 NW 68th Ave #103 Plantation, FL 33317</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD AL SPIEGEL 410 NW 68 AVE., APT 217 PLANTATION FL</b> <input type="checkbox"/> Delete	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* **FRANK BOHRAM, President**      **3/21/00**      **(954) 791-0505**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/99)