

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 91185 043 ****61.25

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
 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

59-1479114

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

**CASTLE MANAGEMENT, INC.
 4450 WEST SUNRISE BLVD
 SUITE C-100
 PLANTATION FL 33313**

Name

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

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 **SD** ☒ Delete
 NAME **POTASH, EDITH**
 STREET ADDRESS **410 NW 68TH AVE #205**
 CITY-ST-ZIP **PLANTATION FL 33317**

TITLE **VD** ☐ Change ☒ Addition
 NAME **SPARKS, HARRY**
 STREET ADDRESS **403 NW 68 AVE #516**
 CITY-ST-ZIP **PLANTATION, FL 33317**

TITLE **PD** ☒ Delete
 NAME **BOHRAM, FRANK**
 STREET ADDRESS **410 NW 68TH AVE, #308**
 CITY-ST-ZIP **PLANTATION FL 33317**

TITLE **D** ☐ Change ☒ Addition
 NAME **BELLOVIN, WILLIAM**
 STREET ADDRESS **408 NW 68 AVE #511**
 CITY-ST-ZIP **PLANTATION, FL 33317**

TITLE **TD** ☐ Delete
 NAME **SWEISBERGER, ABBIE**
 STREET ADDRESS **403 NW 68TH AVE #219**
 CITY-ST-ZIP **PLANTATION FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **MIRABELLO, IDA**
 STREET ADDRESS **406 NW 68TH AVE #511**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33317**

TITLE **SD** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **RUSSAKOFF, DAVE**
 STREET ADDRESS **404 NW 68TH AVE, #106**
 CITY-ST-ZIP **PLANTATION FL 33317**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☐ Delete
 NAME **AL SPIEGEL**
 STREET ADDRESS **410 NW 68 AVE., APT 217**
 CITY-ST-ZIP **PLANTATION FL**

TITLE **PD** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Signature Required
AL Spiegel, President 4/2/02 (954) 791-0505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)