


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Polynesian Gardens

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90096 027 ****61.25

DOCUMENT # 723775	
1. Entity Name POLYNESIAN GARDENS CONDOMINIUMS, INC	

Principal Place of Business 400 N W 68TH AVE PLANTATION, FL 33317	Mailing Address P.O. BOX 189013 PLANTATION, FL 33318 US
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50050074



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		C/O CASTLE GROUP Suite, Apt. #, etc.	
City & State		P.O. BOX 559009 City & State	
Zip	Country	Zip	Country
		33355-9009	

03082005 Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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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 (CHANGE ADDRESS ONLY) Street Address (P.O. Box Number is Not Acceptable) 12270 SW 3RD STREET City PLANTATION FL Zip Code 33325	

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPARKS, HARRY 403 NW 68 AVE #516 PLANTATION, FL 33317	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REFOVICH, ADAM 408 NW 68TH AVE #214 PLANTATION, FL 33317	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SAVOR, SHEILA 408 NW 68 AVE, #105 PLANTATION, FL 33317	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CLARK, GERALD 403 NW 68TH AVE #414 PLANTATION, FL 33317	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SWEISBERGER, ABBIE 403 NW 68TH AVE #219 PLANTATION, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SAVOR, SHEILA 408 NW 68TH AVE #105 PLANTATION, FL 33317	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MIRABELLO, IDA 406 NW 68TH AVE #511 FORT LAUDERDALE, FL 33317	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KORMAN, MILTON 404 NW 68TH AVE #116 PLANTATION, FL 33317	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AL SPIEGEL 410 NW 68 AVE., APT 217 PLANTATION, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEE ATTACHED FOR DIRECTORS	<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: [Signature] 5/2/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #