

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90374 019 \*\*\*\*61.25

<b>DOCUMENT # 723775</b>					
<b>1. Entity Name</b> POLYNESIAN GARDENS CONDOMINIUMS, INC					
<b>Principal Place of Business</b> 400 N W 68TH AVE PLANTATION, FL 33317			<b>Mailing Address</b> C/O A & M PARTNERS, INC. 3475 NORTH HIATUS ROAD SUNRISE, FL 33351 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04172008 Chg-NP CR2E037 (12/06)	
<b>4. FEI Number</b> NOT APPLICABLE				Applied For Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  THE LAW OFFICES OF KATZMAN & KORR 1501 NORTHWEST 49TH STREET SUITE 202 FT LAUDERDALE, FL 33309			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD	<b>NAME</b> STEWART, MONIQUE	<input type="checkbox"/> Delete	<b>TITLE</b> VD	<b>NAME</b> Mike Mooney	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 400 NW 68 AVE #125	<b>CITY-ST-ZIP</b> PLANTATION, FL 33317		<b>STREET ADDRESS</b> 410 NW 68th Avenue	<b>CITY-ST-ZIP</b> Plantation, FL 33317	
<b>TITLE</b> VD	<b>NAME</b> TANNER, KELLY	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> SD	<b>NAME</b> Grace Kyle	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 3475 NORTH HIATUS ROAD	<b>CITY-ST-ZIP</b> SUNRISE, FL 33351		<b>STREET ADDRESS</b> 406 NW 68 Ave #305	<b>CITY-ST-ZIP</b> Plantation, FL 33317	
<b>TITLE</b> SD	<b>NAME</b> SAVER, SHELIA	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> D	<b>NAME</b> Shelia Saver	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 408 NW 68 AVENUE #103	<b>CITY-ST-ZIP</b> PLANTATION, FL 33317		<b>STREET ADDRESS</b> 408 NW 68 Ave #105	<b>CITY-ST-ZIP</b> Plantation, FL 33317	
<b>TITLE</b> TD	<b>NAME</b> BARR, JEFFREY	<input type="checkbox"/> Delete	<b>TITLE</b> D	<b>NAME</b> Alan Simon	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 408 NW 68TH AVENUE #103	<b>CITY-ST-ZIP</b> PLANTATION, FL 33317		<b>STREET ADDRESS</b> 404 NW 68 Ave #507	<b>CITY-ST-ZIP</b> Plantation, FL 33317	
<b>TITLE</b> D	<b>NAME</b> KYLE, GRACE	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> D	<b>NAME</b> Anne Jerez	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 406 NW 68 AVENUE #305	<b>CITY-ST-ZIP</b> PLANTATION, FL 33317		<b>STREET ADDRESS</b> 410 NW 68 Ave #416	<b>CITY-ST-ZIP</b> Plantation, FL 33317	
<b>TITLE</b> D	<b>NAME</b> DENISE TANON	<input type="checkbox"/> Delete	<b>TITLE</b> D	<b>NAME</b> Kelley Tanner	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 3475 NORTH HIATUS ROAD	<b>CITY-ST-ZIP</b> SUNRISE, FL 33351		<b>STREET ADDRESS</b> 403 NW 68 Ave #211	<b>CITY-ST-ZIP</b> Plantation, FL 33317	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>					
<b>SIGNATURE</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/21/08</u> (954) 791-0505 <small>Daytime Phone #</small>		