# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 30, 2004 08:00 AM**
**Secretary of State**

DOCUMENT # 730266

1. Entity Name
POLYNESIAN VILLAS CONDOMINIUMS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| P. O. BOX 16146<br>PLANTATION, FL 33318 US | P. O. BOX 16146<br>PLANTATION, FL 33318 US |

04272004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
59-1654162

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ESTELLE NEMOY
6960 NW FIFTH STREET
PLANTATION, FL 33317

**DO NOT WRITE IN THIS SPACE**

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

Filing Fee is $61.25
Due by May 1, 2004

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

U00000143001
04/30/04-80074-017 61.25

10. *OFFICERS AND DIRECTORS*

| | |
|---|---|
| TITLE | D |
| NAME | MILLER, GLORIA |
| STREET ADDRESS | 6832 NW 5TH ST |
| CITY-ST-ZIP | PLANTATION, FL 33317 |
| TITLE | DP |
| NAME | SAVIANO-NORMYLE, SHARON |
| STREET ADDRESS | 475 NW 68 AVE |
| CITY-ST-ZIP | PLANTATION, FL |
| TITLE | DV |
| NAME | WEINBERGER, VIVIAN |
| STREET ADDRESS | 6901 NW 4 COURT |
| CITY-ST-ZIP | PLANTATION, FL 33317 |
| TITLE | D |
| NAME | LOTZ, BARBARA |
| STREET ADDRESS | 6849 NW 4TH CT |
| CITY-ST-ZIP | PLANTATION, FL 33317 |
| TITLE | D |
| NAME | MARGUILES, ROBERT |
| STREET ADDRESS | 6928 NW 5TH ST |
| CITY-ST-ZIP | PLANTATION, FL 33317 |
| TITLE | DT |
| NAME | NEMOY, ESTELLE |
| STREET ADDRESS | 6960 NW 5HT STREET |
| CITY-ST-ZIP | PLANTATION, FL 33317 |

**DO NOT WRITE IN THIS SPACE**

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:** Estelle Nemoy 4/28/04 954-583-4801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ESTELLE NEMOY, TREASURER/DIRECTOR