2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#730266

FILED Jul 11, 2005 Secretary of State

Entity Name: POLYNESIAN VILLAS CONDOMINIUMS, INC.

Current P	rincipal Place of Business:	New Principal Place of Business:
P. O. BOX PLANTATI	16146 ON, FL 33318 US	
Current Mailing Address:		New Mailing Address:
P. O. BOX PLANTATI	16146 ON, FL 33318 US	
	: 59-1654162 FEI Number Applied For () FEI Nce with s. 607.193(2)(b), F.S., the corporation did not receive	Number Not Applicable () Certificate of Status Desired () re the prior notice.
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:
	NEMOY FIFTH STREET ON, FL 33317 US	MARY FACELLA 451 NW 68TH AVENUE PLANTATION, FL 33317 US
	named entity submits this statement for the purpose e of Florida.	e of changing its registered office or registered agent, or both,
SIGNATUF	RE: MARY FACELLA	07/11/2005
	Electronic Signature of Registered Agent	Date
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	D () Delete MILLER, GLORIA 6832 NW 5TH ST PLANTATION, FL 33317	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	DP () Delete SAVIANO-NORMYLE, SHARON 475 NW 68 AVE PLANTATION, FL	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	DV () Delete WEINBERGER, VIVIAN 6901 NW 4 COURT PLANTATION, FL 33317	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D () Delete LOTZ, BARBARA 6849 NW 4TH CT PLANTATION, FL 33317	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D () Delete MARGUILES, ROBERT 6928 NW 5TH ST PLANTATION, FL 33317	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	DT (X) Delete NEMOY, ESTELLE 6960 NW 5HT STREET PLANTATION, FL 33317	Title: () Change () Addition Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLORIA MILLER P 07/11/2005