

# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

07 NOV -1 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 730266

1. Entity Name  
POLYNESIAN VILLAS CONDOMINIUMS, INC.



Principal Place of Business  
UNITED COMMUNITY MGMT CORP  
11784 W SAMPLE RD #103  
CORAL SPRINGS, FL 33065 US

Mailing Address  
UNITED COMMUNITY MGMT CORP  
11784 W SAMPLE RD #103  
CORAL SPRINGS, FL 33065 US



10182007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

UNITED COMMUNITY MGT CORP  
11784 W SAMPLE RD #103  
CORAL SPRINGS, FL 33065

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. 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

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☐ Delete  
NAME SCHULKERS, CATHY  
STREET ADDRESS 6944 NW 5TH ST  
CITY-ST-ZIP PLANTATION, FL 33317

TITLE DV ☒ Delete  
NAME FACELLA, MARY  
STREET ADDRESS 451 NW 68 AVE  
CITY-ST-ZIP PLANTATION, FL 33317

TITLE VP ☐ Delete  
NAME NORMYLE, SHARON  
STREET ADDRESS 475 NW 68 AVE  
CITY-ST-ZIP PLANTATION, FL 33317

TITLE TD ☒ Delete  
NAME DEMCHAR, DEBORAH  
STREET ADDRESS 6808 NW 5TH ST  
CITY-ST-ZIP PLANTATION, FL 33317

TITLE D ☐ Delete  
NAME MEHRINGER, LUCILLE  
STREET ADDRESS 454 NW 70 AVE  
CITY-ST-ZIP PLANTATION, FL 33317

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DT ☐ Change ☒ Addition  
NAME Curtin, Melba  
STREET ADDRESS 450 NW 70 Ave  
CITY-ST-ZIP Plantation, FL 33317

TITLE ☐ Change ☐ Addition  
NAME 100112353131  
STREET ADDRESS 11/16/07--01007--002 \*\*61.25  
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
NAME Letz, Barbara  
STREET ADDRESS 6849 N.W. 4th Ct.  
CITY-ST-ZIP Plantation, FL 33317

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

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

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.

SIGNATURE:

Cathryn S. Schulkers

CATHRYN S. SCHULKERS

10-25-07

954-763-3388

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #