2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#730266

FILED Mar 20, 2011 Secretary of State

Entity Name: POLYNESIAN VILLAS CONDOMINIUMS, INC.

US

Current Principal Place of Business: New Principal Place of Business:

6944 NW 5TH STREET PLANTATION, FL 33317

Current Mailing Address: New Mailing Address:

P. O. BOX 16146

PLANTATION, FL 33318 US

FEI Number: 59-1654162 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SCHULKERS, CATHRYN S MRS. 6944 NW 5TH STREET PLANTATION, FL 33317 US

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.

SIGNATURE: Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

SCHULKERS, CATHRYN /MRS. Name:

Address: 6944 NW 5TH ST City-St-Zip: PLANTATION, FL 33317

Title:

Name: WIGAND, DEBORAH MRS. Address: **6816 NW 5 STREET** City-St-Zip: PLANTATION, FL 33317

Title: DVP

NORMYLE, SHARON Name: Address: 475 NW 68 AVE City-St-Zip: PLANTATION, FL 33317

Title:

Name: LOTZ, BARBARA Address: 6849 N.W. 4TH CT City-St-Zip: PLANTATION, FL 33317

Title: DS

MEHRINGER, LUCILLE Name: 454 NW 70 AVE Address: City-St-Zip: PLANTATION, FL 33317

Title:

MARGULIES, ROBERT MR. Name: Address: **6920 NW 5 STREET** PLANTATION, FL 33317 US City-St-Zip:

I hereby 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 all other like empowered.

SIGNATURE: CATHRYN SCHULKERS **PRES** 03/20/2011