

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northerm
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -8 PM 3:13

DOCUMENT # **768242** (0)

1. Corporation Name
POLYNESIAN VILLAGERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
1495 ALAMANDER AVE. ENGLEWOOD FL 34223 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/03/1983** 3a. Date of Last Report **01/27/1994**
4. FEI Number **59-2422964** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent
**KORP, WILLIAM R.
333 SOUTH TAMiami TRAIL
SUITE 199
VENICE FL 34285**

10. Name and Address of Now Registered Agent
81 Name **VANDER WULP, Sharon S.**
82 Street Address (P.O. Box Number is Not Acceptable) **227 Nokomis Ave S.**
83 **(PO Box 1767 - Venice, Fl. 34284)**
84 City **Venice** FL 85 **34285**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Sharon S. Vander Wulp, Esq.* DATE: **3-1-95**
Signature, typed or printed name of registered agent and firm if applicable. (NOTE: If a new agent registration is required when registering)

12. OFFICERS AND DIRECTORS

TITLE	SD
NAME	LANGEL, BETTY
STREET ADDRESS	235 N. FIJI CIRCLE
CITY - ST - ZIP	ENGLEWOOD FL
TITLE	PD
NAME	DELL'ANNO, CLARICE
STREET ADDRESS	66 S EASTER ISLAND CIR
CITY - ST - ZIP	ENGLEWOOD FL
TITLE	VPD
NAME	RINGANESE, MICHAEL
STREET ADDRESS	236 N FIJI CIR
CITY - ST - ZIP	ENGLEWOOD FL
TITLE	D
NAME	SCOTT, RICHARD
STREET ADDRESS	211 N. FIJI CIRCLE
CITY - ST - ZIP	ENGLEWOOD FL
TITLE	TD
NAME	HARPER, BARBARA
STREET ADDRESS	137 N FIJI CIR
CITY - ST - ZIP	ENGLEWOOD FL
TITLE	D
NAME	CASTLE, JOHN
STREET ADDRESS	123 S FIJI CIR
CITY - ST - ZIP	ENGLEWOOD FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TANQUARY, Patrick
4.3 STREET ADDRESS	147 N. Fiji Circle
4.4 CITY - ST - ZIP	Englewood, Fl. 34223
5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 or changed, or on an attachment with an address.

SIGNATURE: *Clarice Dell'Anno* DATE: **2/24/95** **7613-474-3636**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR