

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 768242 (0)**  
1. Corporation Name  
**POLYNESIAN VILLAGERS ASSOCIATION, INC.**



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

3. Date Incorporated or Qualified: **05/03/1983**  
3a. Date of Last Report: **03/08/1995**

21	2. Principal Place of Business	2a	Mailing Address	4	FEI Number	59-2422964	Applied For	Not Applicable		
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5	Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>			
23	City & State	28	City & State	6	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>			
24	Zip	25	Country	29	Zip	30	Country	8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**VANDER WULP, SHARON S  
227 NOKOMIS AVE S.  
(PO BOX 1787 - VENICE FL. 34284)  
VENICE FL 34285**

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	<b>FL</b>
85	Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LANGEL, BETTY</b>	1.2 NAME	
STREET ADDRESS	<b>235 N. FIJI CIRCLE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ENGLEWOOD FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DELL'ANNO, CLARICE</b>	2.2 NAME	
STREET ADDRESS	<b>66 S EASTER ISLAND CIR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ENGLEWOOD FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VPD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>VPD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RINGANESE, MICHAEL</b>	3.2 NAME	<b>MARJORIE Frye</b>
STREET ADDRESS	<b>236 N FIJI CIR</b>	3.3 STREET ADDRESS	<b>86 N. Easter Island Circle</b>
CITY-ST-ZIP	<b>ENGLEWOOD FL</b>	3.4 CITY-ST-ZIP	<b>Englewood, FL 34223</b>
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>TD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TANQUARY, PATRICK</b>	4.2 NAME	<b>Gary Stokes</b>
STREET ADDRESS	<b>147 N. FIJI CIRCLE</b>	4.3 STREET ADDRESS	<b>150 N. Fiji Circle</b>
CITY-ST-ZIP	<b>ENGLEWOOD FL</b>	4.4 CITY-ST-ZIP	<b>Englewood, FL 34223</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARPER, BARBARA</b>	5.2 NAME	<b>Earl Smith</b>
STREET ADDRESS	<b>137 N FIJI CIR</b>	5.3 STREET ADDRESS	<b>110 S. Fiji Circle</b>
CITY-ST-ZIP	<b>ENGLEWOOD FL</b>	5.4 CITY-ST-ZIP	<b>Englewood, FL 34223</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CASTLE, JOHN</b>	6.2 NAME	<b>William Thompson</b>
STREET ADDRESS	<b>123 S FIJI CIR</b>	6.3 STREET ADDRESS	<b>154 N. Fiji Circle</b>
CITY-ST-ZIP	<b>ENGLEWOOD FL</b>	6.4 CITY-ST-ZIP	<b>Englewood, FL 34223</b>

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 119.07(3)(k), 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 if changed, or on an attachment with an address.

**SIGNATURE:**

*Betty J. Langel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/27/96*  
Date

*941-474-3636*  
Daytime Phone #

CR2E037 (12/95)