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Feb 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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 Mailing Address
1495 ALAMANDER AVE. ENGLEWOOD FL 34223
1495 ALAMANDER AVE. ENGLEWOOD FL 34223-6237
US US

3. Date Incorporated or Qualified 05/03/1983
3a. Date of Last Report 04/03/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2422964	Applied For Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23 Zip Country	28 Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
24	25	29	30

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 1767 - VENICE FL. 34284) VENICE FL 34285		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANGEL, BETTY	1.2 NAME	Eugene Langel
STREET ADDRESS	235 N. FIJI CIRCLE	1.3 STREET ADDRESS	235 N. Fiji Circle
CITY-ST-ZIP	ENGLEWOOD FL	1.4 CITY-ST-ZIP	Englewood, Fl. 34223
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DELL'ANNO, CLARICE	2.2 NAME	Raymond Baranowski
STREET ADDRESS	66 S EASTER ISLAND CIR	2.3 STREET ADDRESS	115 S. Fiji Circle
CITY-ST-ZIP	ENGLEWOOD FL	2.4 CITY-ST-ZIP	Englewood, Fl. 34223
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	FRYE, MARJORIE	3.2 NAME	
STREET ADDRESS	86 N EASTER ISLAND CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOKES, GARY	4.2 NAME	
STREET ADDRESS	150 N FIJI CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, CARL	5.2 NAME	Smith, Earl
STREET ADDRESS	110 S FIJI CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMPSON, WILLIAM	6.2 NAME	Dorothy Hart
STREET ADDRESS	154 N FIJI CIRCLE	6.3 STREET ADDRESS	215 N. Fiji Circle
CITY-ST-ZIP	ENGLEWOOD FL	6.4 CITY-ST-ZIP	Englewood, Fl. 34223

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Carl Smith Smith 1/31/97 941-474-3636

CR2E037 (9/96)