


FILE NOW: FILING FEE IS \$61.25

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**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90149 047 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 768242**

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
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 05/03/1983
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2422964
22. City & State	27. City & State	Applied For Not Applicable
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent VANDER WULP, SHARON S 227 NOKOMIS AVE S. (PO BOX 1767 - VENICE FL. 34284) VENICE FL 34285	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City <b>FL</b> 85. Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANGEL, EUGENE	1.2 NAME	Barbara Stookey
STREET ADDRESS	235 N. FIJI CIRCLE	1.3 STREET ADDRESS	227 Tasmania Lane
CITY-ST-ZIP	ENGLEWOOD FL	1.4 CITY-ST-ZIP	Englewood, Fl. 34223
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARANOWSKI, RAYMOND	2.2 NAME	Rosalind Nadeau
STREET ADDRESS	115 S. FIJI CIRCLE	2.3 STREET ADDRESS	179 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input 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	SD <input type="checkbox"/> DELETE	5.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANKEUREN, GENIE	5.2 NAME	
STREET ADDRESS	208 BORA BORA LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL 34223	5.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HART, DOROTHY	6.2 NAME	Patricia Arber
STREET ADDRESS	215 N. FIJI CIRCLE	6.3 STREET ADDRESS	93 N. Easter Island Circle
CITY-ST-ZIP	ENGLEWOOD FL	6.4 CITY-ST-ZIP	Englewood, Fl. 34223

14. I 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, with all other like empowered.

SIGNATURE: [Signature] DATE: 2/1/99 Daytime Phone #: 941-474-3636  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)