

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90035 038 ****61.25

DOCUMENT # 768242

1. Entity Name

POLYNESIAN VILLAGERS ASSOCIATION, INC.

Principal Place of Business

1495 ALAMANDER AVE.
 ENGLEWOOD FL 34223
 US

Mailing Address

1495 ALAMANDER AVE.
 ENGLEWOOD FL 34223-6237
 US

028463



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2422964

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VANDER WULP, SHARON S
227 NOKOMIS AVE S.
(PO BOX 1767 - VENICE FL. 34284)
VENICE FL 34285

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input type="checkbox"/> Delete
NAME	STOOKEY, BARBARA	
STREET ADDRESS	227 TASMANIA LANE	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	D	<input type="checkbox"/> Delete
NAME	NADEAU, ROSALIND	
STREET ADDRESS	179 S FIJI CIRCLE	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	FRYE, MARJORIE	
STREET ADDRESS	86 N EASTER ISLAND CIRCLE	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	STOKES, GARY	
STREET ADDRESS	150 N FIJI CIRCLE	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	VANKEUREN, GENIE	
STREET ADDRESS	208 BORA BORA LANE	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	T	<input type="checkbox"/> Delete
NAME	ARBER, PATRICIA	
STREET ADDRESS	93 N EASTER ISLAND CIR	
CITY-ST-ZIP	ENGLEWOOD FL 34223	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kenneth Roney	
STREET ADDRESS	232 Tasmania Lane	
CITY-ST-ZIP	Englewood, Fl. 34223	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Hurd	
STREET ADDRESS	220 N. Fiji Circle	
CITY-ST-ZIP	Englewood, Fl. 34223	
TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kenneth Roney*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-00
 Date

941-474-3636
 Daytime Phone #

CR2E037 (9/99)