

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90037 016 ****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 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number **59-2422964** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	D <input checked="" 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	PD <input type="checkbox"/> Delete
NAME	RONEY, KENNETH
STREET ADDRESS	232 TASMANIA LANE
CITY-ST-ZIP	ENGLEWOOD FL 34223
TITLE	VD <input type="checkbox"/> Delete
NAME	HURD, ROBERT
STREET ADDRESS	220 N. FIJI CIRCLE
CITY-ST-ZIP	ENGLEWOOD FL 34223
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gentili, John
STREET ADDRESS	152 N. Fiji Circle
CITY-ST-ZIP	Englewood, Fl. 34223
TITLE	Director/Vice President <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	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Director/Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Director/Treasurer <input checked="" 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 D. Roney* **President** (Kenneth D. Roney) **March 1, 2001** 941-474-3636
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)