


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90001 023 ****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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number 59-2422964		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D GENTILI, JOHN	<input checked="" type="checkbox"/> Delete	TITLE	Director Dennis Perzinski	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	152 N FIJI CIRCLE		STREET ADDRESS	211 N. Fiji Circle	
CITY-ST-ZIP	ENGLEWOOD FL 34223		CITY-ST-ZIP	Englewood, Fl. 34223	
TITLE	D BARANOWSKI, RAYMOND	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	115 S FIJI CIR		STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL 34223		CITY-ST-ZIP		
TITLE	PD RONEY, KENNETH	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer Robert Weston	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	232 TASMANIA LANE		STREET ADDRESS	237 N. Fiji Circle	
CITY-ST-ZIP	ENGLEWOOD FL 34223		CITY-ST-ZIP	Englewood, Fl. 34223	
TITLE	SD WEEKS, EVELYN	<input checked="" type="checkbox"/> Delete	TITLE	Secretary Jim Nadeau	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	142 N FIJI CIR		STREET ADDRESS	179 N. Fiji Circle	
CITY-ST-ZIP	ENGLEWOOD FL 34223		CITY-ST-ZIP	Englewood, Fl. 34223	
TITLE	DS FIGGINS, KENNETH	<input type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	103 S FIJI CIR		STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL 34223		CITY-ST-ZIP		
TITLE	D HURD, ROBERT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	220 N FIJI CIR		STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL 34223		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 G. Figgins (Kenneth G. Figgins) 3/29/04 941-474-3636
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #