

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 02, 2005 8:00 am
Secretary of State

08-02-2005 90037 007 ****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

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.



1st MOORE CR2E037 (10/04)

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

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CERZINSKI, DENNIS	
STREET ADDRESS	211 N. FIJI CIR.	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BARANOWSKI, RAYMOND	
STREET ADDRESS	115 S FIJI CIR	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	T	<input type="checkbox"/> Delete
NAME	WESTON, ROBERT	
STREET ADDRESS	237 N. FIJI CIR.	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	S	<input type="checkbox"/> Delete
NAME	NEDEAU, JIM	
STREET ADDRESS	179 N. FIJI CIR.	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	P	<input type="checkbox"/> Delete
NAME	FIGGINS, KENNETH	
STREET ADDRESS	103 S FIJI CIR	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HURD, ROBERT	
STREET ADDRESS	220 N FIJI CIR	
CITY-ST-ZIP	ENGLEWOOD FL 34223	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mette Ten Eyck	
STREET ADDRESS	132 N. Fiji Circle	
CITY-ST-ZIP	Englewood, FL. 34223	
TITLE	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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard Otto	
STREET ADDRESS	100 N. Easter Island Circle	
CITY-ST-ZIP	Englewood, FL. 34223	

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) 7/29/05 941-474-3636
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #