


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90061 029 ****61.25

DOCUMENT # 768242
 1. Entity Name
POLYNESIAN VILLAGERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
1495 ALAMANDER AVE. **1495 ALAMANDER AVE.**
ENGLEWOOD FL 34223 **ENGLEWOOD FL 34223**
US **US**



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

1st MOORE CR2E037 (10/05)

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

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) GA L

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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	T	<input type="checkbox"/> Delete
NAME	TENEYCK, METTE	
STREET ADDRESS	132 N FIJI CIRCLE	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WESTON, ROBERT	
STREET ADDRESS	237 N. FIJI CIR.	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	NEDEAU, JIM	
STREET ADDRESS	179 N. FIJI CIR.	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	FIGGINS, KENNETH	
STREET ADDRESS	103 S FIJI CIR	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	D	<input type="checkbox"/> Delete
NAME	OTTO, RICHARD	
STREET ADDRESS	100 N EASTER ISLAND CIRCLE	
CITY-ST-ZIP	ENGLEWOOD FL 34223	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cerzinski, Dennis	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fletcher, Mary Lou	
STREET ADDRESS	69 S. Easter Island Circle	
CITY-ST-ZIP	Englewood, FL 34223	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nadeau, Jim	
STREET ADDRESS	179 N. Fiji Circle	
CITY-ST-ZIP	Englewood, FL 34223	
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 exemptions contained in Section 119, 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: Mette Ten Eyck (Mette Ten Eyck) Jan 30, 2006 941-494-3636
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #