

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768242

FILED  
Jan 22, 2010  
Secretary of State

**Entity Name:** POLYNESIAN VILLAGERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1495 ALAMANDER AVE.  
ENGLEWOOD, FL 34223 US

**New Principal Place of Business:**

**Current Mailing Address:**

1495 ALAMANDER AVE.  
ENGLEWOOD, FL 34223 US

**New Mailing Address:**

FEI Number: 59-2422964

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VANDER WULP, SHARON S  
712 SHAMROCK BLVD  
VENICE, FL 34293 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: HAVEL, TOM  
Address: 34 S. EASTER ISLAND CIRCLE  
City-St-Zip: ENGLEWOOD, FL 34223

Title: T  
Name: DIRR, TY  
Address: 228 TASMANIA LANE  
City-St-Zip: ENGLEWOOD, FL 34223

Title: D  
Name: TERZINSKI, DENNIS  
Address: 211 N FIJI CIR  
City-St-Zip: ENGLEWOOD, FL 34223

Title: S  
Name: ARBER, PAT  
Address: 93 N. EASTER ISLAND CIRCLE  
City-St-Zip: ENGLEWOOD, FL 34223

Title: P  
Name: GRIEFF, GERRY  
Address: 240 TONGA LN  
City-St-Zip: ENGLEWOOD, FL 34223

Title: D  
Name: PHELPS, ROGER  
Address: 76 S. EASTER ISLAND CIRCLE  
City-St-Zip: ENGLEWOOD, FL 34223

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GERRY GREIFF

PRES

01/22/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date