2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State
04-30-2007 90465 020 ****61.25

DOCUMENT # N03000010916

1. Entity Name
POLYNESIAN AT ISLANDS AT DORAL NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business	Mailing Address
300 ARAGON AVE., STE. 210 CORAL GABLES, FL 33134	300 ARAGON AVE., STE. 210 CORAL GABLES, FL 33134
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

04212007 Chg-NP CR2E037 (12/06)

4. FEI Number 20-0731270 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BECKER & POLIAKOFF %ROSA M. DE LA CAMARA, ESQ. 121 ALHAMBRA PLAZA, 10TH FLOOR CORAL GABLES, FL 33134	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

Filing Fee is $61.25 Due by May 1, 2007	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GONZALEZ, JESSICA E 7270 N.W. 12 STREET MIAMI, FL 33126 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WOODWARD, DAVE 11200 NW 74 TERR. MIAMI, FL 33178 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PICO, BARBARA 7270 NW 12 STREET STE 410 MIAMI, FL 33126 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD RINCON, ROBERTO 11202 NW 74 TERR. MIAMI, FL 33178 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD RICE, SHERYL 7270 NW 12 STREET STE 410 MIAMI, FL 33126 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DONES, JOSE A. 7470 NW 112 PLACE MIAMI, FL 33178 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GUTIERREZ, ANTONIO 7518 NW 112 PATH MIAMI, FL 33178 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AVILA, RICARDO 11259 NW 75 LANE MIAMI, FL 33178 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HEREDIA, GUILLERMO 11211 NW 75 LANE MIAMI, FL 33178 ☒ ADDITION	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PAYERAS, ALVARO 7579 NW 112 PLACE MIAMI, FL 33178 ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: [signature], President 4/23/07 305 441-1904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #