

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 08 1997 8:00am
Secretary of State

| | | |
|---|---|--|
| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # 730266 (4)

1. Corporation Name

POLYNESIAN VILLAS CONDOMINIUMS, INC.

Principal Place of Business

Mailing Address

P. O. BOX 16146
PLANTATION FL 33318
US

P. O. BOX 16146
PLANTATION FL 33318-6146
US



3. Date Incorporated or Qualified
09/23/1974

3a. Date of Last Report
04/04/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

ESTELLE NEMOY
6980 NW FIFTH STREET
PLANTATION FL 33317

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------|---------------------------------|
| TITLE | DP | <input type="checkbox"/> DELETE |
| NAME | JONES-ATKINS, CHRISTINE | |
| STREET ADDRESS | 6836 NW 5TH ST | |
| CITY-ST-ZIP | PLANTATION FL | |

| | | |
|----------------|------------------------------------|---------------------------------|
| TITLE | DV | <input type="checkbox"/> DELETE |
| NAME | SAVIANO-NORMYLE, SHARON | |
| STREET ADDRESS | 475 NW 68 AVE | |
| CITY-ST-ZIP | PLANTATION FL | |

| | | |
|----------------|---------------|---------------------------------|
| TITLE | DS | <input type="checkbox"/> DELETE |
| NAME | MAYA, LISA | |
| STREET ADDRESS | 474 NW 70 AVE | |
| CITY-ST-ZIP | PLANTATION FL | |

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | NEMOY, ESTELLE | |
| STREET ADDRESS | 6980 SW 5TH ST | |
| CITY-ST-ZIP | PLANTATION FL | |

| | | |
|----------------|--------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | HERNANDEZ, ROBERTO | |
| STREET ADDRESS | 6924 NE 5TH ST | |
| CITY-ST-ZIP | PLANTATION FL | |

| | | |
|----------------|----------------------|--|
| TITLE | TD | <input checked="" type="checkbox"/> DELETE |
| NAME | SHERIDAN, MICHAEL T. | |
| STREET ADDRESS | 6913 NW 4TH COURT | |
| CITY-ST-ZIP | PLANTATION FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |

| | |
|--------------------|--|
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Saviano-Normyle, Sharon |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |

| | |
|--------------------|---|
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |

| | |
|--------------------|--|
| 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | DT NemoY, Estelle |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |

| | |
|--------------------|---|
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |

| | |
|--------------------|--|
| 6.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | D Hill, Betty S. |
| 6.3 STREET ADDRESS | 6921 N.W. 4th Court |
| 6.4 CITY-ST-ZIP | Plantation, FL 33317 |

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Estelle NemoY (Estelle NemoY)

April 3, 1997

CR2E037 (9/96)