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Apr 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 US

3. Date Incorporated or Qualified	09/23/1974
4. FEI Number	59-1654162
Applied For	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
ESTELLE NEMOY 6960 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
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	D
NAME	JONES-ATKINS, CHRISTINE	1.2 NAME	Gloria Miller
STREET ADDRESS	6836 NW 5TH ST	1.3 STREET ADDRESS	6832 NW 5th St
CITY-ST-ZIP	PLANTATION FL	1.4 CITY-ST-ZIP	Plantation FL 33317
TITLE	DV	2.1 TITLE	DP
NAME	SAVIANO-NORMYLE, SHARON	2.2 NAME	
STREET ADDRESS	475 NW 68 AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	D
NAME	MAYA, LISA	3.2 NAME	
STREET ADDRESS	474 NW 70 AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	3.4 CITY-ST-ZIP	
TITLE	DT	4.1 TITLE	D
NAME	NEMOY, ESTELLE	4.2 NAME	Barbara Lotz
STREET ADDRESS	6960 SW 5TH ST	4.3 STREET ADDRESS	6849 N.W. 4th Court
CITY-ST-ZIP	PLANTATION FL	4.4 CITY-ST-ZIP	Plantation, FL 33317
TITLE	D	5.1 TITLE	D
NAME	HERNANDEZ, ROBERTO	5.2 NAME	Van Scott
STREET ADDRESS	6924 NE 5TH ST	5.3 STREET ADDRESS	6916 NW 5 St
CITY-ST-ZIP	PLANTATION FL	5.4 CITY-ST-ZIP	Plantation, FL 33317
TITLE	D	6.1 TITLE	DV
NAME	HILL, BETTY S	6.2 NAME	
STREET ADDRESS	6921 N.W. 4TH COURT	6.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	6.4 CITY-ST-ZIP	

14. 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 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: _____ TREASURER 03/31/98 (954) 525-6800

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