

2000 UNIFORM BUSINESS REPORT (UBR)

5/2/

FILED
May 19, 2000 8:00 am
Secretary of State

05-02-2000 90016 045 ****61.25

DOCUMENT # 730266

1. Entity Name

POLYNESIAN VILLAS CONDOMINIUMS, INC.

Principal Place of Business

P. O. BOX 16146
PLANTATION FL 33318
US

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1654162

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

ESTELLE NEMOY
6960 NW FIFTH STREET
PLANTATION FL 33317

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, GLORIA	
STREET ADDRESS	6832 NW 5TH ST	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	DP	<input type="checkbox"/> Delete
NAME	SAVIANO-NORMYLE, SHARON	
STREET ADDRESS	475 NW 68 AVE	
CITY-ST-ZIP	PLANTATION FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLMES, CAROL	
STREET ADDRESS	486 NW 70 AVE	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOTZ, BARBARA	
STREET ADDRESS	6849 NW 4TH CT	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCOTT, VAN	
STREET ADDRESS	6916 NW 5 ST	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	DV	<input type="checkbox"/> Delete
NAME	HILL, BETTY S	
STREET ADDRESS	6921 N.W. 4TH COURT	
CITY-ST-ZIP	PLANTATION FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEMOY, ESTELLE	
STREET ADDRESS	6960 NW 5th ST	
CITY-ST-ZIP	PLANTATION, FL 33317	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Margulies	
STREET ADDRESS	6920 NW 5 St.	
CITY-ST-ZIP	Plantation FL 33317	
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 exemption stated in Section 119.07(3)(i), 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:

Estelle Nemoi **ESTELLE NEMOY, Treasurer**

April 15, 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)