

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90041 035 ****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 US	
2. Principal Place of Business - No P.O. Box # 11784 W. Sample Rd Suite, Apt. #, etc. #103		3. Mailing Address 11784 W. Sample Rd Suite, Apt. #, etc. #103	
City & State Coral Springs, FL		City & State Coral Springs, FL	
Zip 33065		Zip 33065	
Country US		Country US	
4. FEI Number 59-1654162		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARY FACELLA 451 NW 68TH AVENUE PLANTATION, FL 33317		7. Name and Address of New Registered Agent Name: United Community Mgt Corp. Street Address (P.O. Box Number is Not Acceptable): 11784 W. Sample Rd # 103 City: Coral Springs FL Zip Code: 33065	
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: Renee Katarawa V.P. Finance Limited Comm Mgmt 4/24/07 <small>Signature, typed or printed name of registered agent</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 DP SCHULKERS, CATHY 6944 NW 5TH ST PLANTATION, FL 33317	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP DP Schulkers, Cathy 6944 NW 5th St Plantation, FL 33317	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP S SAVIANO-NORMYLE, SHARON 475 NW 68 AVE PLANTATION, FL 33317	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP VP Normyle, Sharon 475 N.W. 68 Ave Plantation, FL 33317	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP DV KENNEDY, MICHAEL 6925 NW 4TH CT PLANTATION, FL 33317	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP SD Facella, Mary 451 N.W. 68 AVE Plantation FL 33317	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D LOTZ, BARBARA 6849 NW 4TH CT PLANTATION, FL 33317	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TD Demchar, Deborah 6809 N.W. 5th Street Plantation, FL 33317	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D MARGUILES, ROBERT 6928 NW 5TH ST PLANTATION, FL 33317	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP D Lucille Mehringer 4524 N.W. 70 Ave Plantation, FL 33317	<input type="checkbox"/> Delete
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: Melba G. Curtin <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 4/18/07 <small>Daytime Phone #</small>	