#### 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 723775** 

Entity Name: POLYNESIAN GARDENS CONDOMINIUMS, INC

FILED
Mar 28, 2018
Secretary of State
CC0891009352

## **Current Principal Place of Business:**

400 NW 68 AVE

PLANTATION FL 33317

## **Current Mailing Address:**

400 NW 68 AVE

PLANTATION, FL 33317 US

FEI Number: 59-1479114 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

BASULTO ROBBINS & ASSOCIATES, LLP 14160 PALMETTO FRONTAGE ROAD SUITE 22 MIAMI LAKES, FL 33016 US

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: RUSSELL ROBBINS 03/28/2018

Electronic Signature of Registered Agent

#### Officer/Director Detail:

Title PRESIDENT Title VP

NameRICHARDSON, CHRISNameMAUGER, RUSSELLAddress400 N W 68TH AVEAddress400 NW 68 AVE

City-State-Zip: PLANTATION FL 33317 City-State-Zip: PLANTATION FL 33317

TitleSECRETARYTitleTREASURERNameSAVER, SHELIANameSAVER, SHELIAAddress400 N W 68TH AVEAddress400 NW 68TH AVE

City-State-Zip: PLANTATION FL 33317 City-State-Zip: PLANTATION FL 33317

Title DIRECTOR Title DIRECTOR

Name WAINSTEIN, WALTER Name RUBERA, SEBASTIAN

Address 400 NW 68 AVE Address 400 NW 68 AVE

City-State-Zip: PLANTATION FL 33317 City-State-Zip: PLANTATION FL 33317

Title DIRECTOR Title DIRECTOR

Name MCDONOUGH, MARK Name COOPER, MARJORIE

Address 400 NW 68 AVE Address 400 NW 68 AVE

City-State-Zip: PLANTATION FL 33317 City-State-Zip: PLANTATION FL 33317

#### Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHRIS RICHARDSON PRESIDENT 03/28/2018

Electronic Signature of Signing Officer/Director Detail

Date

Date

# Officer/Director Detail Continued:

Title DIRECTOR

Name SMITH, MICHELE Address 400 NW 68 AVE

City-State-Zip: PLANTATION FL 33317