

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 723775

**Entity Name:** POLYNESIAN GARDENS CONDOMINIUMS, INC**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****04/26/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            RICHARDSON, CHRIS  
Address        400 N W 68TH AVE  
City-State-Zip: PLANTATION FL 33317

Title            SECRETARY  
Name            MAHMUD, NASSIM  
Address        400 N W 68TH AVE  
City-State-Zip: PLANTATION FL 33317

Title            TREASURER  
Name            MAHMUD , NASSIM  
Address        400 NW 68TH AVE  
City-State-Zip: PLANTATION FL 33317

Title            DIRECTOR  
Name            LONDONO, CARLOS  
Address        400 NW 68 AVE  
City-State-Zip: PLANTATION FL 33317

Title            DIRECTOR  
Name            TARAZZI, TOMER  
Address        400 NW 68 AVE  
City-State-Zip: PLANTATION FL 33317

Title            DIRECTOR  
Name            CHEN, CHRISTINA  
Address        400 NW 68 AVE  
City-State-Zip: PLANTATION FL 33317

Title            DIRECTOR  
Name            SASSANO, ROY  
Address        400 NW 68 AVE  
City-State-Zip: PLANTATION FL 33317

Title            VP  
Name            SWAN, DEBORAH  
Address        400 NW 68 AVE  
City-State-Zip: PLANTATION FL 33317

*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: CHRISTOPHER RICHARDSON****PRESIDENT****04/26/2023**

Electronic Signature of Signing Officer/Director Detail

Date