

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730266

Entity Name: POLYNESIAN VILLAS CONDOMINIUMS, INC.**Current Principal Place of Business:**6944 NW 5TH STREET
PLANTATION, FL 33317**Current Mailing Address:**P. O. BOX 16146
PLANTATION, FL 33318 US**FEI Number:** 59-1654162**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SCHULKERS, CATHRYN S.
6944 NW 5TH STREET
PLANTATION, FL 33317 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:** CATHRYN S. SCHULKERS

04/03/2013

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR/PRESIDENT
Name SCHULKERS, CATHRYN /MRS.
Address 6944 NW 5TH ST
City-State-Zip: PLANTATION FL 33317

Title DIRECTOR
Name NORMYLE, SHARON
Address 475 NW 68 AVE
City-State-Zip: PLANTATION FL 33317

Title DIRECTOR/TREASURE
Name LOTZ, BARBARA
Address 6849 N.W. 4TH CT
City-State-Zip: PLANTATION FL 33317

Title DIRECTOR
Name MEHRINGER, LUCILLE
Address 454 NW 70 AVE
City-State-Zip: PLANTATION FL 33317

Title DIRECTOR
Name MARGULIES, ROBERT MR.
Address 6920 NW 5 STREET
City-State-Zip: PLANTATION FL 33317

Title DIRECTOR/ VP
Name WIGAND, DEBORAH
Address 6816 NW 5 STREET
City-State-Zip: PLANTATION FL 33317

Title DIRECTOR
Name LAHIFF, ROSE
Address 6913 NW 5 STREET
City-State-Zip: PLANTATION FL 33317

Title CORRESPONDING SECRETARY
Name MILLER, GLORIA
Address 6832 NW 5 STREET
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: CATHRYN SCHULKERS

PRESIDENT

04/03/2013

Electronic Signature of Signing Officer/Director Detail

Date