

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730266

Entity Name: POLYNESIAN VILLAS CONDOMINIUMS, INC.**Current Principal Place of Business:**6913 NW 4TH COURT
PLANTATION, FL 33317**Current Mailing Address:**P.O. BOX 16146
PLANTATION, FL 33317 US**FEI Number: 59-1654162****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**TUCKER & TIGHE, PA
800 E. BROWARD BLVD SUITE 710
FORT LAUDERDALE, FL 33301 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

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

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

Title	VP, TREASURER
Name	FAZIO, KATHERINE
Address	6940 NW 5TH STREET
City-State-Zip:	PLANTATION FL 33317

Title	ADMINISTRATIVE SECRETARY
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
Name	TROTTA, JOSEPH
Address	6800 NW 5 STREET
City-State-Zip:	PLANTATION FL 33317

Title	RECORDING SECRETARY
Name	HAWKINS, BETHANY
Address	6944 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: ROSE LAHIFF**PRESIDENT****01/30/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date