

2021 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:**THE LAW OFFICES OF LEE H. BALLARD, P.A.
10100 W SAMPLE ROAD THIRD FLOOR
CORAL SPRINGS, FL 33065 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 VP
Name NORMYLE, SHARON
Address 475 NW 68 AVE
City-State-Zip: PLANTATION FL 33317

Title DIRECTOR
Name WILLIAMS, KEN
Address 6956 NW 5TH ST.
 SUITE PH1
City-State-Zip: PLANTATION FL 33317

Title DIRECTOR, SECRETARY
Name MILLER, GLORIA
Address 6832 NW 5TH STREET
City-State-Zip: PLANTATION FL 33317

Title DIRECTOR
Name WOLF, MARVIN
Address 6917 NW 4TH CT
City-State-Zip: PLANTATION FL 33317

Title DIRECTOR
Name CASSLEMAN, SUSANA
Address 470 NW 70TH AVE.
City-State-Zip: PLANTATION FL 33317

Title DIRECTOR
Name RICHARDS, MICHAEL
Address 6912 NW 5TH STREET
 204
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****02/05/2021**

Electronic Signature of Signing Officer/Director Detail

Date