

**2018 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****03/23/2018**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date