

**2020 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

*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****05/12/2020**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date