

2022 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	BUILDING REP
Name	CAFFREY, JANICE
Address	6921 NW 4TH COURT #506
City-State-Zip:	PLANTATION FL 33317

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

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

Title	BUILDING REP
Name	GUIMARAES, ANA
Address	454 NW 70TH AVENUE #402
City-State-Zip:	PLANTATION FL 33317

Title	BUILDING REP
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****04/26/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date