## **2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# 768242** 

Entity Name: POLYNESIAN VILLAGERS ASSOCIATION, INC.

FILED Feb 28, 2019 Secretary of State 8710903726CC

# **Current Principal Place of Business:**

1495 ALAMANDER AVE. ENGLEWOOD, FL 34223

## **Current Mailing Address:**

1495 ALAMANDER AVE. ENGLEWOOD, FL 34223 US

FEI Number: 59-2422964 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

POLYNESIAN VILLAGERS ASSOC., INC 713 S. ORANGE AVE SUITE 201 SARASOTA, FL 34236 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: PHILIP DURAND 02/28/2019

Electronic Signature of Registered Agent Date

#### Officer/Director Detail:

**PRESIDENT** Title Title **TREASURER** Name DURAND, PHILIP Name BELL. RAYMOND Address 88 N. EASTER ISLAND CIRCLE Address 215 N. FIJI CIRCLE City-State-Zip: ENGLEWOOD FL 34223 City-State-Zip: ENGLEWOOD FL 34223

Title SECRETARY Title DIRECTOR

Name SMITH, CAROL Name CLEARWATER, RAYMOND

Address 71 S. EASTER ISLAND CIRCLE Address 182 S. FIJI CIRCLE

City-State-Zip: ENGLEWOOD FL 34223 City-State-Zip: ENGLEWOOD FL 34223

Title VICE-PRESIDENT Title DIRECTOR

Name FAIN, RUTH MS. Name JESTEADT, JERRY
Address 112 S. FIJI CIRCLE Address 125 S.FIJI CIRCLE

City-State-Zip: ENGLEWOOD FL 34223 City-State-Zip: ENGLEWOOD FL 34223

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: PHILIP DURAND

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

02/28/2019 Date