

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 768242

**Entity Name:** POLYNESIAN VILLAGERS ASSOCIATION, INC.

**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:**

GUSTIN, ARCHIE L ESQ. ATTORNEY AT LAW  
5500 MILITARY TRAIL  
SUITE #22-381  
JUPITER, FL 33458-2869 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            DIXON, HERB  
Address        1495 ALAMANDER AVE.  
City-State-Zip: ENGLEWOOD FL 34223

Title            VP  
Name            FAIN, RUTH  
Address        1495 ALAMANDER AVE.  
City-State-Zip: ENGLEWOOD FL 34223

Title            SECRETARY  
Name            THRON, RICHARD  
Address        1495 ALAMANDER AVE.  
City-State-Zip: ENGLEWOOD FL 34223

Title            TREASURER  
Name            BRUNO, SHEILAH  
Address        1495 ALAMANDER AVE.  
City-State-Zip: ENGLEWOOD FL 34223

Title            BOARD MEMBER  
Name            MURPHY, VERONICA  
Address        1495 ALAMANDER AVE.  
City-State-Zip: ENGLEWOOD FL 34223

Title            DIRECTOR  
Name            WARD, TIMOTHY  
Address        1495 ALAMANDER AVE.  
City-State-Zip: ENGLEWOOD FL 34223

Title            D  
Name            FLEBBE, THOMAS  
Address        1495 ALAMANDER AVE.  
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: HERB DIXON**

**PRESIDENT**

**01/30/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date