

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000010916

**Entity Name:** POLYNESIAN AT ISLANDS AT DORAL NEIGHBORHOOD ASSOCIATION, INC.

**FILED**  
**Apr 04, 2023**  
**Secretary of State**  
**8168532924CC**

**Current Principal Place of Business:**

3934 S.W. 8TH STREET  
SUITE 303  
CORAL GABLES, FL 33134

**Current Mailing Address:**

3934 S.W. 8TH STREET  
SUITE 303  
CORAL GABLES, FL 33134 US

**FEI Number: 30-0311177**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

TANINAKA, KEN ESQ.  
BRICKELL CITY TOWER  
80 S.W. EIGHTH STREET SUITE 2550  
MIAMI, FL 33130 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: KEN TANINAKA**

**04/04/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           PRESIDENT  
Name           RIVERO, JAIME  
Address        3934 S.W. 8TH STREET  
                  303  
City-State-Zip: CORAL GABLES FL 33134

Title           VP  
Name           PESANTES, PRISCILLA  
Address        3934 SW 8TH STREET  
                  303  
City-State-Zip: CORAL GABLES FL 33134

Title           DIRECTOR  
Name           ALTUVE, GILBERTO  
Address        3934 SW 8TH STREET  
                  303  
City-State-Zip: CORAL GABLES FL 33134

Title           DIRECTOR  
Name           FERRERO, LUIS M  
Address        3934 SW 8TH STREET  
                  303  
City-State-Zip: CORAL GABLES FL 33134

Title           SECRETARY  
Name           GARCIA, JESUS  
Address        3934 SW 8TH STREET  
                  SUITE 303  
City-State-Zip: CORAL GABLES FL 33134

Title           TREASURER  
Name           HARRIS, OREN  
Address        3934 SW 8TH STREET  
                  SUITE 303  
City-State-Zip: CORAL GABLES FL 33134

Title           DIRECTOR  
Name           MONTANA, MIGUEL  
Address        3934 SW 8TH STREET  
                  SUITE 303  
City-State-Zip: CORAL GABLES FL 33134

*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: JAIME RIVERO**

**PRESIDENT**

**04/04/2023**

Electronic Signature of Signing Officer/Director Detail

Date