

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

DOCUMENT# N03000010916

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

**FILED**  
**Apr 22, 2024**  
**Secretary of State**  
**9160285459CC**

**Current Principal Place of Business:**

300 ARAGON AVENUE  
370  
CORAL GABLES, FL 33134

**Current Mailing Address:**

300 ARAGON AVENUE  
SUITE 370  
CORAL GABLES, FL 33134 US

**FEI Number: 30-0311177**

**Certificate of Status Desired: No**

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

TANINAKA, KEN ESQ.  
4000 PONCE DE LEON BLVD., STE. 470  
CORAL GABLES, FL 33146 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            RIVERO, JAIME  
Address        300 ARAGON AVENUE  
                 SUITE 370  
City-State-Zip: CORAL GABLES FL 33134

Title            VP  
Name            PESANTES, PRISCILLA  
Address        300 ARAGON AVENUE  
                 SUITE 370  
City-State-Zip: CORAL GABLES FL 33134

Title            DIRECTOR  
Name            FERRERO, LUIS M  
Address        300 ARAGON AVENUE  
                 SUITE 370  
City-State-Zip: CORAL GABLES FL 33134

Title            TREASURER  
Name            HARRIS, OREN  
Address        300 ARAGON AVENUE  
                 SUITE 370  
City-State-Zip: CORAL GABLES FL 33134

Title            DIRECTOR  
Name            MONTANA, MIGUEL  
Address        300 ARAGON AVENUE  
                 SUITE 370  
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**

**04/22/2024**

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

\_\_\_\_\_  
Date