2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2010
Secretary of State

DOCUMENT# 730266

Entity Name: POLYNESIAN VILLAS CONDOMINIUMS, INC.

Current Principal Place of Business:

6944 NW 5TH STREET
PLANTATION, FL 33317 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 16146
PLANTATION, FL 33318 US

New Mailing Address:

FEI Number: 59-1654162 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SCHULKERS, CATHRYN S MRS.
6944 NW 5TH STREET
PLANTATION, FL 33317 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DP
Name: SCHULKERS, CATHRYN /MRS.
Address: 6944 NW 5TH ST
City-St-Zip: PLANTATION, FL 33317

Title: DT
Name: WIGAND, DEBORAH MRS.
Address: 6816 NW 5 STREET
City-St-Zip: PLANTATION, FL 33317

Title: DVP
Name: NORMYLE, SHARON
Address: 475 NW 68 AVE
City-St-Zip: PLANTATION, FL 33317

Title: D
Name: LOTZ, BARBARA
Address: 6849 N.W. 4TH CT
City-St-Zip: PLANTATION, FL 33317

Title: DS
Name: MEHRINGER, LUCILLE
Address: 454 NW 70 AVE
City-St-Zip: PLANTATION, FL 33317

Title: D
Name: MARGULIES, ROBERT MR.
Address: 6920 NW 5 STREET
City-St-Zip: PLANTATION, FL 33317 US

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: CATHRYN SCHULKERS PRES 04/12/2010

Electronic Signature of Signing Officer or Director Date